DCF	COMMONWEALTH OF MASSACHUSETTS ~ DEPARTMENT OF CHILDREN AND FAMILIES	
	Policy Name: Protective Intake Policy	
	Policy #: 86-015	**Approved by:**
	Effective Date: 06/15/1986	
	Revision Date(s): 03/01/1991, 02/24/1992, 02/10/1998, 07/1/2008, *2/28/16*	

PROTECTIVE INTAKE POLICY

NOTE: Throughout this document, the terms "child" and "children" are used as general and inclusive terms to mean child(ren)/youth from birth up to age 18 years.

Table of Contents

I. Purpose and Overview **2**

II. Policy: Receiving, Screening and Responding to Reports of Abuse and/or Neglect **2**
- A. Screening 2
- B. Response 3

III. Definitions **5**

IV. Procedures: Receiving and Screening Reports **9**
- A. Determining Responsibility for Screening 9
- B. Screening Time Frames 10
- C. Conducting the Screening 11
- D. District Attorney and Law Enforcement Referral 14
- E. Screening Teams 15
- F. Clinical Reviews 16
- G. Screening Decision-Making 16
- H. Documentation and Approval of Screening Decisions 17
- I. Required Notifications and Activities 18

V. Procedures: 51B Responses to Screened-In Reports **18**
- A. Assignment of 51B Responses 18
- B. Response Time Frames 20
- C. Determine if Child Can Safely Remain in the Home 20
- D. Conducting the Response 21
- E. Response Decision-Making 28
- F. Documentation and Approval of Response Decisions 30
- G. Notifications and Referrals 30
- H. Applicable Review Procedures 31

VI. Procedures: Responding to Reports Involving Incidents That Cross State Lines **32**

Appendix A – What Happens When DCF Receives a Report? **33**

I. PURPOSE AND OVERVIEW

The Department has implemented a 24 hour, 7 days a week protective intake system for receiving, screening and responding to reports of the abuse, neglect, sexual exploitation and/or human trafficking ("51A" Reports) of children in the Commonwealth. All citizens have a civic duty to report incidents of abuse and neglect of children. By law, certain persons are mandated reporters who are legally required to make such reports. (See ***Definitions*** section below.) Mandated reporters are also required to send written reports to the Department within 48 hours after making a telephone report. (Instructions for filing a report and the mandated reporter form can be found on the Department's website at www.mass.gov/DCF.)

The purpose of this policy is to clearly articulate the Department's primary and immediate focus on child safety in screening and responding to reports of child abuse and neglect and to establish the requirements for performing these responsibilities by Department staff in accordance with MGL c. 119, §§ 51A-51B.

Protective intake is conducted in a manner that aligns with and furthers the values and principles of the Department's Case Practice Model.

There are 2 phases of protective intake: (1) the screening of all reports; and (2) a response to any report that is screened in.

Appendix A provides a visual representation of the Protective Intake process, key decisions and timelines.

II. POLICY: RECEIVING, SCREENING AND RESPONDING TO REPORTS OF ABUSE AND/OR NEGLECT

A. Screening

The purpose of ***screening*** is to gather sufficient information to determine whether a Department response is necessary or might be necessary to ensure a child's safety and well-being. Screening is a key part of the overall process of reporting, identifying and assessing risks to child safety, permanency and well-being. It is the first step in determining the Department's subsequent actions and intervention with the family. Activities for screening a report of child abuse, neglect, sexual exploitation and/or human trafficking are designed to determine, based on the facts in the report and those gathered during screening:

- if there is an immediate concern for child safety; and
- if a "reportable condition" under MGL c. 119, § 51A exists.

  A "reportable condition" exists when there is information that a child may have been abused and/or neglected or may be at risk of being abused and/or neglected by a caregiver, or that a child may have been or may be at risk of sexual exploitation or human trafficking.

Reports determined to be emergencies must be screened in immediately, and a response must be initiated within 2 hours. The screening of reports determined not to be emergencies must be completed within one working day. In very limited circumstances where it is necessary to complete activities critical to making the screening decision and with approval from a manager, screening of a non-emergency report may be extended for up to one additional working day.

Screeners first gather information from the reporter which includes information related to the:

a. Child(ren), reported and non-reported, in the household
b. Parent(s) and/or caregiver(s)
c. Reporter
d. Nature and extent of the suspected abuse, neglect, sexual exploitation and/or human trafficking, including any evidence or knowledge of prior abuse and/or neglect
e. Person(s) alleged to be responsible

f. Circumstances under which the reporter became aware of the abuse, neglect, sexual exploitation and/or human trafficking
g. Action taken thus far to treat, shelter or otherwise assist the child(ren)
h. Child visibility within the community (e.g., child care, school attendance)
i. Other contributing or high risk factors
j. Family's strengths and capacities
k. Other key contacts
l. Worker safety

Screeners subsequently gather information from sources other than the reporter. Gathering information from other sources includes, but is not limited to:

a. Reviewing Department history and Central Registry information on current or past involvement of the parent(s)/caregiver(s) and their child(ren); and consulting with staff with knowledge of the child(ren) and family
b. Requesting information from child protection agencies in other states, if known
c. Conducting an identity query, if needed, for individuals or addresses via Department approved platform(s)
d. Conducting Criminal Offender Record Information (CORI), Sexual Offender Record Information (SORI) and national criminal history checks
e. Requesting information from local law enforcement, including a history of 911 or service calls
f. Conducting collateral contacts, as needed, to obtain information specifically related to the allegations
g. Seeking clinical consultation, as needed
h. Searching online sources, including social media, as needed to inform screening decision-making

Each Area Office will have a formal Screening Team, which will meet daily, to support consistent, collaborative and safety-focused decision-making in screening in or out allegations of abuse, neglect, sexual exploitation and/or human trafficking received by the Department. Reports requiring an emergency response shall not be held for review by the Screening Team. In circumstances where multiple reports on separate incidents are received on a child, parent/caregiver or family within a 12 month period, the Department will convene a clinical review.

Based on the information received, collected and analyzed during the screening process, the report will be:

1. Screened-in for an emergency response; or
2. Screened-in for a non-emergency response; or
3. Screened-out.

When a report is screened in, the Department will assign it for a response.

B. Response

The purpose of the response is to determine whether, under MGL c. 119, § 51B, there is "reasonable cause to believe" that a child has been abused or neglected. The response includes an investigation of the validity of the allegation(s) received, a determination of current danger and future risk to the child(ren) and an assessment of the capacity of the parent(s)/caregiver(s) to provide for the safety, permanency and well-being of their child(ren).

> **"Reasonable cause to believe" means a collection of facts, knowledge or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of persons providing relevant information, would lead a reasonable person to conclude that a child has been abused or neglected.**

Emergency responses must be initiated within 2 hours and an initial determination of the child's safety must then be made within 24 hours. All required response activities and a formal report documenting the response must be completed within 5 working days.

Non-emergency responses must be initiated within 2 working days and all required response activities and a formal report documenting the response activities must be completed within 15 working days. In

very limited circumstances and with the approval of a manager, the due date for completing a non-emergency response may be extended for up to 5 working days to obtain information critical to the response decision.

The Department's first priority in every response is to address ***immediate concerns regarding the child(ren)'s safety*** and health and to ***determine whether the child(ren) can safely remain in the home***.

Throughout the response, the Department engages the family respectfully in a thorough exploration focused on determining the danger(s) and risk(s) to the child(ren)'s safety and well-being; identifying what is needed to maintain the child(ren)'s safety, permanency and well-being; and initiating services to address concerns when warranted.

Each 51B response must include:

1. Determining how to conduct the response safely and effectively
    a. Reviewing information from screening and gathering additional information as needed
    b. For open cases, planning the collaborative response with the current worker(s)
    c. Contacting the reporter
    d. Contacting the police to accompany on visit if needed
2. Gathering information from the family
    a. Contacting the parent(s)/caregiver(s)
    b. Visiting the home
    c. Visiting and interviewing (as appropriate to age and development) the reported child(ren) and any other child(ren) in the household
    d. Establishing safety and well-being of non-reported child(ren), if applicable
    e. Filing a new report on non-reported child(ren), when necessary
    f. Determining action when access to child(ren) is prevented
3. Gathering information from other sources
    a. Conducting collateral contacts
    b. Seeking clinical consultation, as needed
    c. Conducting an identity query, if needed, for individuals or addresses via Department approved platform(s)
    d. Conducting Criminal Offender Record Information (CORI), Sexual Offender Record Information (SORI) and national criminal history checks, if additional information is still needed after screening or if new individuals connected to the allegation are identified
    e. Requesting information from local law enforcement including a history of 911 or service calls if additional information is still needed after screening or if new addresses connected to the allegation are identified
    f. Searching online sources, including social media, if needed to inform decision-making
4. Interviewing person(s) alleged to be responsible for the abuse and/or neglect
5. Assessing the parent(s)/caregiver(s) ability to safely parent, using the Protective Factors framework
6. Determining risk to the child(ren) supported by completion of the Department's actuarial-based risk assessment tool

Based on the information received and collected during the Response, the following determinations are made:

1. A finding on the reported allegation(s) or conditions discovered during the response, including a finding on any person(s) responsible.
2. A decision whether Department intervention is necessary to safeguard child safety and well-being.

In collaboration with other state protective agencies, the Department also screens and responds to reports of child abuse and neglect that involve children who are residents of another state and/or a child(ren) who are alleged to have been abused out of state. The Department also shares information with other state child protective service agencies, in accordance with MGL c. 119, § 51E, to ensure the safety of children who are the subject of reports and investigations involving multiple states.

III. DEFINITIONS

The following are key terms and definitions applicable to the screening of and response to reports of suspected abuse, neglect, sexual exploitation and/or human trafficking of children:

Abuse

(1) The non-accidental commission of any act ***by a caregiver*** which causes or creates a substantial risk of physical or emotional injury or sexual abuse to a child; or
(2) The victimization of a child through sexual exploitation or human trafficking, whether or not the person responsible is a caregiver.

This definition is ***not*** dependent upon location. Abuse can occur while the child is in an out-of-home or in-home setting.

Caregiver

(1) A child's parent, stepparent or guardian, or any household member entrusted with responsibility for a child's health or welfare; or
(2) Any other person entrusted with responsibility for a child's health or welfare, whether in the child's home, a relative's home, a school setting, a child care setting (including babysitting), a foster home, a group care facility, or any other comparable setting.

As such, the term "caregiver" includes, but is not limited to school teachers, babysitters, school bus drivers and camp counselors. The "caregiver" definition should be construed broadly and inclusively to encompass any person who at the time in question is entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is a child such as a babysitter under age 18.

Central Registry

A database maintained by the Department pursuant to MGL c. 119, § 51F that contains identifying information on children who have been the subject of reports made to the Department pursuant to MGL c. 119, § 51A. The Registry also includes identifying information regarding the reported children's parents and other family members and the outcome of any response that resulted from such a report, including the name of any person found to be responsible for the child abuse or neglect and the name of any individual listed on the Registry of Alleged Perpetrators.

Collateral Contacts

Contacts made by the Department for the purpose of obtaining, clarifying or verifying information the Department has gathered or received concerning a particular family or child. A collateral contact can be:

- **A professional** – such as a therapist, teacher, doctor or other mandated reporter.
- **A non-professional** – such as a friend, neighbor, or relative who has been identified as having information about a reported incident of abuse or neglect or about a child(ren), parent/caregiver and/or family who is the subject of a reported incident.
- **Kin collateral** – an adult who is not the child's parent and who acts now, or may act in the future, in a caregiving role (may reside in or outside of the home).

Danger

A condition in which a caregiver's actions or behaviors have resulted in harm to a child or may result in harm to a child in the immediate future.

Domestic Violence

A pattern of coercive control that one partner exercises over another in an intimate relationship. While relationships involving domestic violence may differ in terms of the severity of abuse, control is the primary goal of offenders. Domestic violence is not defined by a single incident of violence or only by violent acts.

Emergency
A situation where the failure to take immediate action would place a child at substantial risk of death, serious emotional or physical injury, or sexual abuse.

Emotional Injury
An impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by an observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

Human Trafficking Victim (based on MGL c. 233, § 20M and MGL c. 265, §§ 50 and 51)
A person who is subjected to harboring, recruitment, transportation, provision, obtaining, patronizing, or soliciting for the purpose of:

(1) sex trafficking (i.e., inducement to perform a commercial sex act, forced sexual services and/or sexually explicit performance); and/or
(2) labor trafficking (i.e., forced services, involuntary servitude, peonage, debt bondage or slavery).

Mandated Reporter (as defined by MGL c. 119, § 21)
While all citizens have responsibility to report abuse and neglect, the law requires that certain persons designated as "mandated reporters" make such reports due to their frequent contact with children who may be at risk of abuse and neglect. The following persons are by law designated as "mandated reporters":

- Physicians, medical interns, hospital personnel engaged in the examination, care or treatment of persons, medical examiners;
- Emergency medical technicians, dentists, nurses, chiropractors, podiatrists, optometrists, osteopaths;
- Public or private school teachers, educational administrators, guidance or family counselors;
- Early education, preschool, child care or afterschool program staff, including any person paid to care for, or work with, a child in any public or private facility, home or program that is funded or licensed by the Commonwealth and provides child care or residential services. This includes staff of child care resource and referral agencies, family child care providers and child care food programs;
- Child care licensors, such as staff from the Department of Early Education and Care;
- Social workers, foster parents, probation officers, clerks magistrate of the district courts, parole officers;
- Firefighters and police officers;
- School attendance officers;
- Allied mental health and human services professionals licensed pursuant to MGL c. 112, § 165;
- Psychiatrists, psychologists, clinical social workers, and drug and alcoholism counselors;
- Persons in charge of a medical or other public or private institution, school, or facility or any agent acting on behalf of such persons;
- Clergy members (including priests, rabbis and accredited Christian Science practitioners), who are ordained or licensed leaders of any church or religious body, persons performing official duties on behalf of a church or religious body, or persons employed by a church or religious body to supervise, educate, coach, train or counsel a child on a regular basis; and
- The Child Advocate.

Neglect
Failure ***by a caregiver***, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; malnutrition; or failure to thrive. Neglect cannot

result solely from inadequate economic resources or be due solely to the existence of a handicapping condition.

Parental Capacities
The Department uses the Protective Factors framework to help assess child safety. An understanding of the child(ren)'s age and developmental status as well as the parent/caregiver's culture, abilities and any disabilities (e.g., intellectual, physical, developmental) must be considered when assessing a parent/caregiver's capacity to safely parent their child(ren). The protective factors that must be considered in a determination of parental capacities are:

- ***Knowledge of Parenting and Child Development:*** Parent/caregiver understands how to keep the child(ren) safe, uses age/developmentally appropriate discipline methods and responds to the unique development of the child during different ages and stages.
- ***Building Social and Emotional Competence of Children:*** Parent/caregiver, through a nurturing and responsive relationship, helps the child(ren) develop the ability to form safe and secure adult and peer relationships and to experience, regulate and express emotions.
- ***Parental Resilience:*** Parent/caregiver has the ability to make positive changes that sustain child(ren) safety and well-being while managing stress and adversity.
- ***Social Connections:*** Parent/caregiver maintains healthy, safe and supportive relationships with people, institutions and the community that provide a sense of belonging.
- ***Concrete Support in Times of Need:*** Parent/caregiver provides for the family's basic needs and knows how to access and advocate for services that promote safety and well-being for their child(ren).

Physical Injury
Death; or fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such non-trivial injury; or soft tissue swelling or skin bruising depending upon such factors as the child's age, the circumstances under which the injury occurred, and the number and location of bruises.

Reasonable Cause to Believe
A collection of facts, knowledge or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of persons providing relevant information, would lead a reasonable person to conclude that a child has been abused or neglected.

Registry of Alleged Perpetrators
A registry maintained by the Department pursuant to 110 CMR 4.36 that records the name and identifying information for persons the Department has found to be responsible for certain incidents of abuse and neglect. A person will be listed on the registry if:

(1) The Department determines that a report of abuse or neglect is supported;
(2) There is substantial evidence that the individual is responsible for the incident of abuse or neglect; and
(3) The Department referred the matter of the supported report to the appropriate District Attorney.

> *NOTE: No referral to the District Attorney was required to justify a listing in the Registry of Alleged Perpetrators prior to September 9, 1993.* Before this date, a person's name was entered in the Registry after the Department's decision to support a 51A report where (1) the person had been alleged to be responsible for the supported abuse or neglect and there was no available information to definitely indicate otherwise; and (2) the Department had determined that the allegation(s) with regard to the person should be further considered during case management, or that allegation(s) gave rise to protective concerns about the person as a caretaker.

Residence
The location of the family where the child who is the subject of a report alleging abuse or neglect resides or where the child's last custodial parent has resided for at least 30 days with no clear plan for relocating.

- The parent who has physical custody of the child, or with whom the Department plans to reunify the child, is considered the primary caregiver unless there is joint custody.
- In joint custody situations, residence should be determined by the address of the parent with whom the child spends, or will spend, the majority of her/his time.
- For homeless shelters, domestic violence shelters or substance abuse treatment facilities with familial housing components, residence is established if the facility:
  - Has been the family's residence for 30 days with intent to continue **AND**
  - Has a program duration of 6 or more months **AND**
  - Verifies the family's intent to continue in residence.
- For residences and shared residences, residency is established if:
  - The home has been the family's residence for 30 days and the family has established clear intent and ability to remain.

Response Worker
A Social Worker employed by the Department who conducts a response to allegations of abuse and/or neglect under MGL c. 119, § 51B and who has completed the Department's training for Response Workers.

Reportable Condition
Information indicating that a child may have been abused and/or neglected or may be at risk of being abused and/or neglected by a caregiver, or that a child may have been or may be at risk of sexual exploitation and/or human trafficking.

Risk
The potential for future harm to a child.

Safety
A condition in which caregiver actions or behaviors protect a child from harm.

Sexual Abuse
Any non-accidental act by a caregiver upon a child that constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caregiver and a child for whom the caregiver is responsible.

Sexually Exploited Child (as defined in MGL c. 119, § 21)
Any person under the age of 18 who has been subjected to sexual exploitation because such person:

(1) is the victim of the crime of sexual servitude pursuant to section 50 of chapter 265 or is the victim of sex trafficking as defined in 22 United States Code 7105;

(2) engages, agrees to engage or offers to engage in sexual conduct with another person in exchange for a fee, in violation of subsection (a) of section 53A of chapter 272, or in exchange for food, shelter, clothing, education or care;

(3) is a victim of the crime of inducing a minor into prostitution under section 4A of chapter 272; or

(4) engages in common night walking or common streetwalking under section 53 of chapter 272.

Substance Exposed Newborn (SEN)
A newborn who was exposed to alcohol or other drugs in utero ingested by the mother, whether or not this exposure is detected at birth through a drug screen or withdrawal symptoms. A SEN may also be experiencing Neonatal Abstinence Syndrome (NAS), which are symptoms and signs exhibited by a newborn due to drug withdrawal. NAS is a subset of SEN. Fetal Alcohol Syndrome (FAS) as diagnosed by a qualified licensed medical professional is also a subset of SEN.

Substantial Evidence
Such evidence as a reasonable mind might accept as adequate to support a conclusion.

Substantial Risk of Injury
A situation arising either through intentional act or omission which, if left unchanged, might result in physical or emotional injury to a child or which might result in sexual abuse to a child.

IV. PROCEDURES: RECEIVING AND SCREENING REPORTS

The Department Area Offices receive and screen telephone and written reports alleging child abuse and/or neglect received during business hours. **Reports received during non-business hours** are processed by the Hotline.

NOTE: Any member of the Department who is contacted regarding allegations of child abuse and/or neglect must make efforts to obtain contact information from the reporter prior to transferring or directing the reporter to the Screening Unit. In addition, faxes, letters, emails or other communications indicating possible abuse or neglect of a child must be brought to the attention of the Area Screening Unit as soon as they are received.

A. Determining Responsibility for Screening

Generally, the Area Office responsible for the city or town where the reported child(ren) resides is responsible for screening the report. Certain circumstances may require an additional referral or an alternative assignment for screening responsibility. The person who first contacted the Department retains the designation as the reporter, even when the initial Screener refers the report to another office or SIU.

Allegations on open cases. The Area Office where a case is open has responsibility for screening the report related to that case. When a report is received on a family with a currently open case, the Screener must immediately notify, and if possible, consult with, the Social Worker/Family Resource Worker and/or Supervisor and Area Program Manager currently assigned to the case or foster/pre-adoptive home. For reports on foster/pre-adoptive homes the Screener must also immediately notify the Intake Supervisor, Area Program Manager and the Area Director.

When the Screener determines that another Area Office is responsible for screening the report. If the Screener determines that another Area Office is responsible for screening the report while the reporter is still filing the report, the Screener immediately transfers the reporter to the screening unit in the office that has jurisdiction for screening the report. If the Screener determines that another office is responsible for screening the report after the report has been filed, the Screener who received the report enters the screening information in the Department's electronic record and transfers the report electronically to the assigned Intake Supervisor in the office determined to be responsible for screening the report to enable that office to make the screening decision.

Reports Requiring a Referral to the SIU.

1. ***Reports on Department Employees or Their Relative/Household Members, Area Board Members, or Citizen, Family or Youth Advisory Board Members:*** The Area Office immediately refers a report to the Special Investigations Unit (SIU) when the report or information received alleges abuse and/or neglect by a Department employee or family member or by a member of an Area Board or other citizen advisory group such as the Family Advisory Committee or Youth Advisory Board

   If the Screener determines that the report falls into the above category while the reporter is still filing the report, the Screener immediately transfers the reporter to the SIU screening unit. If the Screener determines that the report falls into the above category after the report has been filed, the Screener who received the report enters the screening information in the Department's electronic record, and transfers the report electronically to the SIU screening unit who will complete the screening process and make the screening decision (See Policy for 51A Reports Involving Department Employees, Relative/Household Members of Department Employees, Department Foster/Pre-Adoptive Parents, or Department Area Board Members.)

- **Reports Involving an Institutional Setting:** The Area Office covering the geographic area of the foster/pre-adoptive home or institutional facility is responsible for beginning the screening process by establishing the immediate safety of the children. The Area Office Screener enters the screening information from the reporter, including information on any reported child(ren) or other children in the home, parent(s)/caregiver(s) and the facility, into the Department's electronic record and then transfers the report to SIU which completes the screening. When the report involves an institution for which the Area Office would conduct the response if screened in, the Screener completes the screening activities. (See 51A Investigations in Certain Institutional Settings Policy for further details on screening and response activities involving an institutional setting.)
- **Reports Involving a Perceived Conflict.** If a report is filed on a person who has a personal or professional relationship with staff in the Area Office not otherwise covered by the policies previously identified above (e.g., police officer, school personnel, medical personnel), the Screener and Supervisor shall immediately notify the Area Program Manager and Area Director. The Area Program Manager and Area Director determine whether the screening should be completed by the Area Office with appropriate safeguards, or be referred to another Area Office, the SIU or an external agency for completion of screening and, if needed, the response.

B. Screening Time Frames

1. Emergency within 2 Hours

Immediately after receiving a report, the Screener must consider whether the situation reported appears to be an emergency.

An Emergency is:

- a situation in which the failure to take immediate action would place a child at substantial risk of death, serious emotional or physical injury, or sexual abuse.

If there is any indication that the report may be an emergency, the Screener must immediately consult with the Supervisor. If the Screener, in consultation with the Supervisor determines that the report constitutes an emergency, the report is screened in, and the Supervisor arranges for the report to be assigned for an emergency response and notifies the Area Program Manager. The emergency response must be initiated within 2 hours.

When a Hotline Screener receives a report that may warrant an emergency response, the Hotline Screener consults with the On Call Supervisor (OCS). If the OCS determines an emergency response is necessary, the OCS assigns an Emergency Response Worker (ERW) and the response must be initiated within 2 hours.

2. Non-Emergency within One Working Day Following Receipt of the Report

If the Screener determines that the report is not an emergency, the Screener proceeds with screening activities, and a screening decision is made within one working day from the receipt of the report.

A non-emergency is:

- a situation in which a child(ren) may have been abused and/or neglected or may be at risk of being abused and/or neglected by a caregiver, or in which a child has been or may be at risk of sexual exploitation or human trafficking; AND
- the situation as reported *does NOT* pose an immediate threat of death, serious emotional or physical injury, or sexual abuse to the child(ren).

If a report received by the Hotline does not require an emergency response, the Hotline Screener transfers the report to the responsible Area Office where screening activities will resume on the next working day.

Additional Time: In very limited circumstances, the Screener, in consultation with the Supervisor, may request one working day of additional time for making the screening decision if critical

information for decision-making is needed. Additional time can only be approved by the Area Clinical Manager/designee when a specific piece of information connected to the allegation is needed from a collateral source such as law enforcement, pediatrician, teacher, or others in order to make a screening decision.

- Additional time for screening may not be approved simply to accommodate delays in receiving information from collateral contacts that is a part of a standard request for information and not required to make the screening decision in the particular case.
- If the specific piece of information that was needed to make the screening decision is not received during the additional day of screening, the report is screened in for a response. (*See V.D, page 21, of this policy to discontinue the response process*)
- The Area Clinical Manager/designee is responsible for documenting in the electronic record: the decision to allow additional time for screening, and the rationale for the decision.

C. Conducting the Screening

1. Information from the Reporter

The Screener obtains from the reporter as much of the following information as possible and records it in the electronic record:

a. **Child(ren)'s information** – Name, current location/ address, birth sex, age/date of birth, any known Indian Child Welfare Act (ICWA) status or affiliation for each child

b. **Parent(s) and/or caregiver(s) information**
   - Name (first, last, middle), address (include apartment #), phone #, age/date of birth for each parent and/or caregiver
   - Language(s) spoken

c. **Reporter's information**
   - Name (first, last, middle), address (include apt #), email address, phone #
   - Mandated or voluntary reporter?
   - Has reporter informed caregiver of report?
   - Relationship to child(ren) or family

d. **Nature and extent of the suspected abuse, neglect, sexual exploitation and/or human trafficking** – What is the nature and extent of the reported injury, abuse, neglect, sexual exploitation and/or human trafficking? List any prior evidence of same and/or other worries regarding danger to the child(ren). Cite source if not observed firsthand by the reporter.
   - ***Substance Exposed Newborn (SEN)*** – If the report alleges a SEN, document, if known, the substance affecting the newborn; whether the newborn had a positive toxicology screen at birth; if the infant is experiencing Neonatal Abstinence Syndrome (NAS); if the substance affecting the newborn was prescribed and taken as directed by a medical professional; if the infant is diagnosed with Fetal Alcohol Syndrome; and/or if there are concerns from the reporter about the impact of substance use/misuse on the mother's ability to safely care for her infant.
   - ***Domestic violence or imminent danger*** – If the report alleges domestic violence or if there is indication of imminent danger, what information can the reporter provide that will help the Department make safe contact with the family (e.g., work schedule, place of employment, daily routines for the adult victim)?

e. **Information on person(s) alleged responsible** – If known, the name(s) and contact information of the person(s) alleged to be responsible for the injury, abuse and/or neglect, and/or any other information that the reporter thinks may be helpful in establishing the cause of the injury, abuse, maltreatment, or neglect.

f. **Circumstances under which the reporter became aware** – What are the circumstances under which the reporter became aware of the injury, abuse, maltreatment, or neglect? Also helpful: information on dates and timeframes for when the injury, abuse, maltreatment, or neglect occurred. Include pediatric evidence kit number, if applicable.

g. **What action, if any, has been taken thus far** to treat, shelter or otherwise assist the child(ren) to deal with the situation?

h. **Child visibility** – Is the child visible in the community? What child care, school, medical care/visits, etc. is the child attending? Are there other adults visible in this child's life?

i. **Other contributing or high risk factors** – What other factors facing the child(ren) or parent(s)/ caregiver(s) may impact the ability of the parent to provide for the child(ren)'s safety, health and well-being, such as:
   - physical, developmental or intellectual disability
   - mental or behavioral health challenges
   - significant trauma that affects current functioning
   - substance use/misuse
   - housing instability or homelessness
   - gang involvement

j. **Family's strengths and capacities** – Any information the reporter thinks may be helpful to the Department about the family's strengths, capacities and current functioning for ensuring the child(ren)'s safety and supporting the family.

k. **Other key contacts** – Information the reporter may have about any other person(s) [name(s), contact information, relationship] who may be able to provide further information about the incident, child(ren),parent(s)/caregiver(s) and family (e.g., school, pediatrician, emergency contact, etc.).

l. **Social Worker safety** – Is there anything about this situation which could place a Social Worker in danger? If so, what are the reporter's concerns and suggestions for safely contacting the child(ren) and family?

2. Information from Sources Other than the Reporter

Once the Screener has obtained information from the Reporter, the Screener must initiate inquiries to gather additional information. The inquiries are conducted under the legal authority of Massachusetts General Laws, c. 119, § 51B.

a. Review Department history and Central Registry check information

Knowledge of the previous child welfare history, as children or adults, of all persons named in the report informs the screening outcome decision and may inform planning for how to engage the persons safely and effectively when the Department determines that contact should be made. The Screener must review the Department's electronic record system, including the Central Registry, to gather any available information for the following persons:

- any reported child(ren);
- any caregiver(s) alleged to be responsible for the report of abuse or neglect (history as a parent/caregiver or as a child);
- the parent(s) of the child(ren) who is the subject of the report; and
- any other person who lives in the household where the child(ren) resides or who is otherwise connected to the allegation.

After review, the Screener summarizes the following information in the relevant location in the electronic record:

- reason(s) for current or previous Department involvement (e.g., reports, referrals, requests for services, etc.);
- any current or previous court involvement, termination of parental rights and/or care and protective orders; and
- reason(s) for case closing, when applicable.

Information from past records must not be copied directly into the electronic record but rather reviewed and summarized to support effective screening decision-making and to provide current

and relevant information to the Response Worker, if the report is screened in. The Screener may consult with any Social Worker, Supervisor or other Department staff who has knowledge of the past or current Department involvement of the child(ren) and/or family that will be useful in making the screening decision.

b. Request information from child protective service agencies in other states under specific circumstances

When information indicates that a household member, parent/guardian or child may have received child welfare services in another state, either as a result of a report of child abuse, neglect, sexual exploitation and/or human trafficking or on a voluntary basis, the Social Worker, in consultation with the Supervisor, shall request information about the circumstances from the other state(s).

c. Conduct an identity query, if needed

The Screener may request or conduct an identity or address query via the Department-approved platform(s), if the Screener needs to confirm or obtain information on person(s) connected to the allegations of abuse or neglect. Information obtained in an identity inquiry may include without limitation: name(s), identification of person(s) in the household or family, listing of current address(es), 5 year address history and date(s), and photo identification.

d. Conduct CORI and SORI checks

The Screener shall request or conduct Criminal Offense Record Information (CORI), Sexual Offender Registry Information (SORI) and national criminal history checks for:

- any caregiver(s) alleged to be responsible for the reported abuse or neglect;
- the parent(s) of the child(ren) who is the subject of the report; and
- any other person who is age 15 years or older who lives in the household where the child(ren) resides or who is otherwise connected to the allegation.

If there is indication that any of the above individuals resided in another state, the Screener makes note of this in the electronic record in order to facilitate a more accurate search.

The Screener may request or conduct a CORI and SORI check for a person who is under age 15 years, in circumstances where there is indication of a criminal history.

e. Request information from local law enforcement

The Screener shall contact local law enforcement and request information that may assist in assessing danger and risk to the child(ren) and/or the Response Worker. The request for information shall include a history and type of any 911 calls or service calls to the current address where the child and/or caregiver(s) alleged to be responsible resides. In the request to law enforcement, the Screener should provide the name(s) of the caregiver(s) involved in the case, the address and any occupancy dates known. The Screener should indicate the timeframe in which the requested information is needed to inform the Department's decision-making.

f. Conduct collateral contacts, as needed

The Screener may seek information from collateral contacts who are likely to have information specifically related to the allegations in the report. Collateral contacts should only be initiated during screening if a screening decision cannot otherwise be made with the information at hand.

By law, any mandated reporter who has information that the mandated reporter believes might aid the Department in determining whether a child has been abused or neglected shall, if requested by the Department, disclose information relevant to the specific report.

- *NOTE:* If the Substance Abuse Treatment provider is the reporter, the first initial call is the only time that information can be gathered from the provider without a release of information. *A Screener's inquiries to a health care provider do not conflict with the health care provider's Health Insurance Portability and Accountability Act (HIPAA) requirements, per 42 U.S.C.S. 1178(c).*

The Screener also may disclose to collaterals information the Screener determines necessary to the screening of the report. The Screener must document any collateral contacts made in the electronic record.

g. Seek clinical consultation, as needed

The Screener may seek consultation with a regional clinical specialist in substance use/misuse, domestic violence, mental/behavioral health or medical services, if needed to inform the screening decision.

h. Search online and social media sources of information, as needed

Screeners may request or conduct searches of online sources, including social media sources, to gather information to support screening decision-making. Searches may be used to confirm or obtain information concerning child(ren) who are the subject of 51A reports, caregiver(s), person(s) living in the home, or any other person(s) connected to the allegations of abuse or neglect. The Screener shall document relevant information gathered in the electronic record. Information gathering done through online sources must comply with Department policy and procedures.

D. District Attorney and Law Enforcement Referral

Complete a Referral to the District Attorney and Local Law Enforcement, as Appropriate.

At any point during screening, when the Screener, in consultation with the Intake Supervisor, determines that the report involves a crime that requires a mandatory referral to the District Attorney and local law enforcement agency, the Screener shall immediately contact the District Attorney's Office and local law enforcement responsible for the city or town where the child resides and where the alleged crime occurred. The Screener may also make a discretionary referral to the appropriate District Attorney's Office or local law enforcement agency, with the approval of the Area Director/designee.

The purposes of a referral are: (1) to facilitate the coordination of appropriate responses among child protective, law enforcement and prosecutors, in order to minimize the impact of any investigatory activity on any child victim and to reduce the risk of loss or destruction of evidence; and (2) to advise law enforcement authorities of possible serious criminal offenses, even where the reported activity does not involve a caregiver.

- **Mandatory Referrals**: For all reports—whether screened in or screened out—the Screener must immediately notify the responsible District Attorney's Office(s) and local law enforcement agency when a 51A report alleges one or more of the following:
  - a child has died;
  - a child has been sexually assaulted;
  - a child has been sexually exploited;
  - a child has been the victim of human trafficking;
  - a child has suffered brain damage, loss or substantial impairment of a bodily function or organ, or substantial disfigurement;
  - a child has suffered serious physical abuse or injury such as:
    - a fracture of any bone or a severe burn,
    - an injury requiring the child to be placed on life-support systems; or
  - a child has been the victim of physical abuse or sexual assault and there is a risk that physical evidence of the abuse or assault may be destroyed if the allegation is not promptly investigated by law enforcement.
- **Discretionary Referrals**: A Screener should contact the responsible local law enforcement agency when the report or information gathered in the course of screening the report identifies a serious threat to public safety. The Screener, in consultation with the Supervisor, may recommend a discretionary referral to the District Attorney and local law enforcement agency when the report or information gathered in the course of screening the report identifies other serious criminal activity that may impact the safety or well-being a child(ren) that is not on the list of mandatory referrals.

Discretionary referrals to a District Attorney's Office or local law enforcement agency must be reviewed and approved by the Area Director/designee, who may consult with legal staff. as needed.

A referral shall be made by contacting the appropriate District Attorney's Office(s) and local law enforcement agency by telephone and by transmitting by secure electronic mail an electronic copy of the relevant 51A report(s). (See District Attorney Referral Policy)

E. Screening Teams

Each Area Office will have a formal Screening Team that meets daily. The purpose of the Screening Team meeting is to organize and analyze information gathered during screening to support consistent, collaborative, and safety-focused decision-making when screening in or out allegations of abuse or neglect received by the Department.

Reports requiring an emergency response shall not be held for review by the Screening Team. Any report that the Screener and Supervisor(s) have determined requires an emergency response will be screened-in and responded to in accordance with timelines and procedures for emergency reports outlined elsewhere in this policy.

The Screening Team meeting, shall be run by the Area Clinical Manager/designee and will include at a minimum, the Intake Area Program Manager(s) (APMs), the Intake Supervisor(s) and may include if available the Screener(s) assigned to the report(s) reviewed by the Screening Team. (See below for others who will attend Screening Team meetings under specific circumstances.)

Types of reports to be reviewed:

At a minimum, the Screening Team will review and determine a screening decision for any 51A report falling within the following categories:

- reports where there is a disagreement between the Screener and the Supervisor about the screening recommendation;
- reports recommended to be screened-out, but the reviewing APM intends to overturn the decision;
- reports involving a parent(s)/caregiver(s) or child(ren) who was the subject of a response conducted within the last 2 years that did not result in an open case;
- reports on a parent(s)/caregiver(s) or child(ren) involved in a currently open case;
- reports involving a parent(s)/caregiver(s) or child(ren) involved in a case that has been closed for less than 2 years;
- reports involving a parent(s)/caregiver(s) or child(ren) involved in a case that has been closed but the parent(s)/caregiver(s) was involved with the Department (or another state's child welfare system) as a child(ren);
- reports involving a parent(s) that were subject to a prior protective custody order and/or Termination of Parental Rights (TPR) in Massachusetts or another state, if known;
- reports that involve 3 separate 51A incidents in 12 months *[NOTE: Following the Screening Team meeting, the Screening Team may request that an Area or Regional Clinical Review meeting be convened to further discuss clinical case planning and direction; the scheduling of this review shall not delay the screening decision.]*; and/or
- any other report that the Screener, Intake Supervisor or APM believes could benefit from Screening Team review and input.

Additional time:

The Screening Team may request **one** additional working day of screening time to obtain a specific piece of information from a collateral source (e.g., law enforcement, pediatrician, teacher, etc.) that is required in order to make the screening decision for a particular report. The manager in the Screening Team meeting may approve or deny the request for additional time and must document the decision and the reason(s) for it in the electronic record.

Other attendees at Screening Team meetings:

Representatives from other units may be included in a Screening Team meeting at the discretion of the Area Clinical Manager and must be included in certain situations. These additional attendees may join by telephone or other remote method and need only attend the relevant sections of the meeting.

- **Family with open case or response in process:** When a report of abuse or neglect is received on an open case or a response in process, the Supervisor and/or Social Worker assigned to the open case or response in process shall participate in the Screening Team meeting. Other workers who have current responsibility or knowledge of the case may be invited.
- **Closed cases:** When a report involves a child, caregiver or other person in a case that has been closed, the previously assigned workers must be consulted and the previous workers may be invited to the Screening Team meeting (e.g., case closed 6 months ago and in same area).
- **Court involved:** The legal department shall participate in the Screening Team meeting when a report concerns a child involved in a current care and protection case or other protective custody case or a report concerns a current or previously open case where parental rights have been terminated. Legal staff may be asked to participate in Screening Team meetings in other situations as well.

NOTE: Screening Team meetings will not be delayed or canceled due to scheduling conflicts for one or more of the above parties.

F. Clinical Reviews: Multiple Reports in 3 and 12 months

Area Clinical Review: Multiple Reports in 12 Months

In accordance with MGL 119 § 51B(r), there shall be an Area Clinical Review when 3 or more 51A reports involving separate incidents have been filed on any child(ren) in a family within a 12 month time period, regardless of whether the reports were screened in or out.

When a Screener determines that a report is the 3rd or subsequent report involving separate incidents that has been received within a 12 month period, the report shall be brought to the daily Screening Team meeting for discussion and follow-up and the Area Director shall be notified. As needed, the Area Clinical Manager/designee in the Screening Team will initiate further review by convening an Area Clinical Review.

Regional Clinical Review: Multiple Reports in 3 Months

In accordance with MGL 119 § 51B(r), there shall be a Regional Clinical Review when 3 or more 51A reports involving separate incidents have been filed on any child in a family within a 3 month time period, regardless of whether the reports were screened in or out.

When a Screener determines that a report is the 3rd or more report received within a 3 month period involving 3 or more separate incidents, the Screener notifies the Intake Supervisor and Intake Area Program Manager who contacts the Regional Office to schedule the Regional Review.

The purposes of both Area and Regional Clinical Reviews are to broaden the support available to staff in: (1) understanding the risks to the safety, permanency and well-being of the child(ren); (2) identifying resources that might be utilized to mitigate those risks and stabilize the situation; and (3) related decision-making. The Clinical Review involves a critical examination of prior history, current functioning, collateral reports, assessments and other available information. The meeting affords an opportunity for divergent perspectives to be shared and integrated into decision-making. It also provides a process to identify what still needs to be known about the family that would add to the understanding about problems and potential solutions.

If a Clinical Review involves a family currently assigned for a response, assessment or ongoing services, the currently assigned Social Worker, Supervisor and Area Program Manager are invited to attend the Review.

Clinical Reviews are documented in the relevant section of the electronic record by the convening manager.

G. Screening Decision-Making

There are 3 possible outcomes of a screening decision:

1. ***Screen In – Emergency Response***

   This is a determination that the report involves a situation where the failure to take immediate action would pose a substantial risk of death, serious emotional or physical injury, or sexual abuse to a child.

   The Screener must consult with the Supervisor when there is any indication that the reported situation may be an emergency. If the Screener and the Supervisor determine that the situation does constitute an emergency, the Supervisor must immediately arrange for the report to be assigned for an emergency response and shall inform the manager responsible for intake that the emergency response has been initiated.

   During non-business hours, when a Hotline Screener receives a report that may warrant an emergency response, the Screener consults with the On Call Supervisor (OCS). If the OCS determines an emergency response is necessary, the OCS assigns an Emergency Response Worker (ERW).

2. ***Screen In – Non-Emergency Response***

   This is a determination that a child(ren) may have been abused and/or neglected or may be at risk of being abused and/or neglected by a caregiver, or that a child has been or may be at risk of sexual exploitation or human trafficking, AND that the situation as reported *does NOT* pose a substantial risk of death, serious emotional or physical injury, or sexual abuse to a child.

3. ***Screen Out***

   This is a determination that:

   - the report does not involve a child or the allegations are not within the Department's mandate concerning child abuse and neglect; and/or
   - there is no indication that a child(ren) has been or may have been abused or neglected or may be at risk of being abused and/or neglected by a caregiver; and/or
   - the alleged perpetrator has been identified and was not a caregiver, and the child(ren)'s caregiver is safely protecting the child(ren) from the alleged perpetrator, unless the allegations involve sexual exploitation or human trafficking; and/or
   - the specific injury or specific situation being reported is so old that it has no bearing on the current risk to the reported or other child(ren); and/or
   - there are NO other protective concerns, and the only issue is maternal use of appropriately prescribed medication resulting in a SEN(s), AND the only substance affecting the newborn(s) was appropriately prescribed medication, AND the mother was using the medication(s) as prescribed which can be verified by a qualified medical or other provider.

H. Documentation and Approval of Screening Decision

Following completion of screening activities, which may include a Screening Team review, the Screener:

- documents the recommended decision and provides a summary of the basis for the Department's decision; and
- forwards the 51A report to the Intake Supervisor, for review.

The Intake Supervisor:

- reviews the screening decision;
- includes any comments; and
- assigns the screened in 51A report to a Response Worker; or
- forwards the screened out 51A report to Area Director/designee.

The Area Director/designee:

- approves or reverses a "screen out" decision, and includes any comments in the electronic record.

NOTE: If the Department determines based on the information obtained during screening that no abuse or neglect has taken place and the report is frivolous, the Screener records the report as "allegation invalid" and documents the reason(s) for the determination in the electronic record.

I. Required Notifications and Activities

1. Screened-Out Reports

Reports made by a mandated reporter

If the report was made by a mandated reporter, the Screener must send written notice of the screen-out decision to the Mandated Reporter.

Allegation on open cases

For allegations on an open case, the currently assigned Social Worker, in consultation with the Supervisor, will determine whether the risk level for the child(ren) has changed in light of the information contained in the allegation or any other changes in family circumstances. The Social Worker, in consultation with the Supervisor, will make any necessary updates or adjustments to the Family Assessment and/or Service (Action) Plan.

2. Other Reports

Identify and address a report that is not a protective report

When the Department receives a report which does not involve child abuse or neglect, the Screener will not treat the information as a 51A report but instead as a request for information and referral, voluntary services, Children Requiring Assistance or other court referral, or as a request to re-engage by a young adult who left Department care or custody at age 18 years, as appropriate. (See Information and Referral Policy; Voluntary Intake Policy; Permanency Planning Policy)

Examples of these situations include, but are not limited to information concerning:

- a 19 year old who has been raped;
- an unborn child

Identify and address a Safe Haven Referral

Under the Massachusetts Safe Haven Law, MGL c. 119, § 39 ½, a parent may surrender a newborn infant 7 days old or younger at a hospital, police station or manned fire station without risk of legal consequence. Any facility receiving a surrendered newborn is required to notify the Department by filing a 51A report. Upon receipt of such a report, the Screener will gather information from the reporter and other sources as needed to determine if there are issues of abuse or neglect that are not based solely on the surrender of the newborn to the facility. If there is information indicating other issues of abuse or neglect, the report will be screened in for a response.

If child abuse and/or neglect is not suspected, the report will be screened out and the case will be opened as a Safe Haven Voluntary Application for Services.

V. PROCEDURES: 51B RESPONSES TO SCREENED-IN REPORTS

The Department assigns screened-in 51A reports for completion of a 51B response in accordance with MGL c. 119, § 51B and the following policy and procedures. The Intake Supervisor shall assign responsibility for the 51B response in consideration of such factors as:

- whether the report has been screened in as an emergency or non-emergency; and
- whether the Response Worker has previously been assigned the same family within a 6 month period.

A. Assignment of 51B Responses

Determine Responsibility for Response

The Area Office responsible for the city or town in which the reported child resides is responsible for responding to the screened-in report.

If a 2nd or subsequent report is screened-in involving a child(ren) or caregiver(s) who is currently the subject of a 51B response in process, the Response Worker responsible for completing the in-process 51B response shall incorporate the 2nd or subsequent report into the 51B response in process.

Exceptions:

- ***Emergencies*** – Any report that requires an emergency response must be completed by the Area Office responsible for the area where the child is physically located.
- ***Open Cases*** – When in-person response activities (e.g., home visits, interviews of parent(s)/caregiver(s) or child(ren) need to be completed in more than one Area Office's catchment area (i.e., the child is temporarily residing within a different Area Office's catchment area than where the family's case is open), a Response Worker from each office will be assigned. The Response Worker from the Area Office where the case is open will be assigned as the primary worker. Response activities will be coordinated between the 2 offices as well as with the Social Worker currently assigned to the open case. (See Section D.1.b below.)
- ***Institutional Settings*** – Any report that alleges that an incident of abuse or neglect occurred in an institution serving children or that alleges such an incident was committed by a staff person associated with such an institution will be responded to as directed by the Director of the Central Office Special Investigations Unit (SIU). (See 51As in Certain Institutional Settings Policy)
- ***Conflicts***
  - **Conflicts** – Any report that alleges abuse and/or neglect by a Department employee or family member; or alleges abuse and/or neglect of a child by a member of an Area Board or other citizen advisory group such as the Family Advisory Committee or Youth Advisory Board will be responded to as directed by the Director of the Central Office Special Investigations Unit (SIU). (See Policy for 51A Reports Involving Department Employees, Relative/Household Members of Department Employees, Department Foster/Pre-Adoptive Parents, or Department Area Board Members)
  - **Perceived Conflict** – When a response involves a person who has a personal or professional relationship with staff in the Area Office not otherwise covered by the policies listed above (e.g., police officer, school personnel, medical personnel), the Response Worker and Supervisor shall immediately notify the Area Program Manager and Area Director. The Area Program Manager and Area Director will determine if the response should be completed by the Area Office with appropriate safeguards, or be referred to another Area Office, the SIU or an external agency for completion of the response.
- ***Distance*** – In any situation where distance poses a barrier to the timely completion of a 51B response, the Area Office (or the SIU) with responsibility for the response may request that another Area Office assist by interviewing any person who is a subject of the response and who is located within the geographic area covered by that Area Office.

B. Response Time Frames

Required Activity*	Emergency Response	Non-Emergency Response**
Response Worker Assigned	*Immediately* (from screening decision)	*Immediately* (from screening decision)
Visit the Reported Child(ren)	*As soon as possible within 2 hours* of receipt of report	*As soon as possible and not longer than within 3 working days* of receipt of report
Visit and Interview All Child(ren) and initial safety and custody determinations	*Within 24 hours* of receipt of report, the Response Worker interviews the child(ren) (as appropriate to child age and development) and initially determines the child(ren)'s safety	*As soon as possible and not longer than within 3 working days* of receipt of report, the Response Worker interviews the child(ren) (as appropriate to child age and development) and initially determines the

		child(ren)'s safety
Visit Home	*Within 24 hours* of receipt of report	*Within 3 working days* of receipt of report
Other Response Activities and Complete 51B Report	*Within 5 working days* of receipt of report	*Within 15 working days* of receipt of report

* Activity details are in Section D. All Section D activities must be finished before the Response Worker completes the 51B report.

** For purposes of determining the applicable timeline, the day after the report is received by the Department is counted as the first working day.

Extensions for Non-Emergency Response

For non-emergency responses only, the Response due date may be extended one time for up to *5 working days*, with the approval of the Area Director/designee, in the following limited circumstances:

- Waiting for completion of a SAIN interview [may be granted an additional extension of up to 5 working days (10 working days total) upon request]
- A new 51A report has been received with new/different allegations
- At the request of the District Attorney/law enforcement
- Waiting for pertinent medical information/lab test that is needed to make a response decision
- Family's location is known but they are currently out of the state or the country and will not return within the response period

C. Determine if Child Can Safely Remain in the Home

The Department's first priority in every response is to address immediate concerns regarding the child(ren)'s safety and health and determine whether the child(ren) can safely remain in the home.

During the response, the Response Worker must continually assess whether there are immediate threats to a child's safety requiring placement, or whether a safety plan can be developed to enable child(ren) to remain safely with a parent/caregiver. The Response Worker shall consider the following factors in assessing child danger and safety:

Child Vulnerabilities

- Age of child
- Diagnosed medical or mental/behavioral health disorder
- School age, but not attending school
- Intellectual, developmental or physical disability
- Limited visibility in the community and/or access to other adults

Danger Indicators

- Parent/caregiver caused ***serious physical harm*** to the child(ren) or made a plausible threat to cause physical harm.
- ***Sexual abuse*** is suspected, and no parent/caregiver in the household is willing or able to keep the child(ren) safe.
- Parent/caregiver ***is unable to protect*** the child(ren) from serious harm or threat from others.
- Parent/caregiver's ***explanation for a child's injury*** is questionable or inconsistent with the type of injury.
- The family ***does not provide access*** to the child(ren) and/or there is reason to believe the family is about to flee.
- The parent/caregiver does not meet the child(ren)'s current/imminent needs for any of the following: ***supervision, food, clothing, medical or mental health care***.
- The ***physical living conditions*** are hazardous and immediately threatening to the health and/or safety of the child(ren).
- Parent/caregiver's current ***substance use/misuse*** seriously impairs their ability to supervise, protect or care for the child(ren).

- ***Adults in the household are violent*** and pose a risk of serious physical and/or emotional harm to the child(ren).
- ***Child is a danger to self or others***, acting out aggressively, being sexually exploited, or being severely withdrawn and/or suicidal/homicidal.
- Parent/caregiver's ***emotional stability, developmental status or cognitive limitations*** seriously impair current ability to supervise, protect and/or care for the child(ren).
- There is a ***pattern*** of prior incidents or behavior AND current circumstances are near, but do not necessarily meet, the threshold for current danger.

A child may be taken into custody **immediately** when, after seeing the child, the Response Worker finds reasonable cause to believe that:

- a condition of serious abuse or neglect (including abandonment) exists; and
- as a result of that condition, removal is necessary to avoid a substantial risk of death, serious emotional or physical injury or sexual abuse to the child; and
- the nature of the emergency is such that there is inadequate time to seek a court order for removal.

If an emergency placement is made, a Service (Action) Plan is developed or updated, including completion of the supplemental information for placement, and any necessary health care is arranged, in accordance with the Department's Policies (see Family Assessment and Action Planning, Medical Examinations for Children Entering Department Placement or Custody, Health Care Services for Children in Placement and Permanency Planning Policy).

These procedures apply to responses conducted during regular business hours as well as to Hotline responses.

D. Conducting the Response

Review Screened-In Decision, as Applicable. Response Workers shall follow the procedures listed below in completing the 51B response. **Exception:** If the Response Worker obtains information during the course of the response which if known at the time of screening would have resulted in a decision to screen out the 51A report, the Response Worker, in consultation with the Supervisor, may request permission from the Area Program Manager to discontinue the response process. If the Area Program Manager approves the request, the Response Worker shall cease response activities and enter a decision of unsupport into the electronic record.

1. Determine How to Conduct the Response Safely and Effectively

a. Review information from screening and gather additional information as needed

The Response Worker shall review information gathered during screening and collect additional information needed to complete the response as outlined below:

- Information from the reporter and other collaterals contacted
  - Child(ren)'s information
  - Parent(s) and/or caregiver(s) information
  - Nature, extent and cause (as relevant) of suspected abuse, neglect or sexual exploitation or human trafficking
  - Information on the person(s) alleged responsible
  - Any action taken thus far to treat, shelter, or otherwise assist the child(ren)
  - Child visibility
  - Domestic violence or imminent danger
  - Other contributing and high risk factors
  - Family strengths and capacities
  - Information from other key contacts – professionals and non-professionals
  - Information relating to worker safety

    - Other data collected
- Information from sources other than the reporter
    - Child welfare history with the Department or a child welfare agency of any other state for:
        - any parent(s)/caregiver(s) alleged to be responsible for the report of abuse or neglect;
        - parent(s) of the child(ren) who is the subject of the report; and
        - any other person(s) who lives in the household where the child(ren) resides or who is otherwise connected to the allegation.

          This information should include:
            - current and previous history of Department involvement (reports or other referrals/requests for services, open cases);
            - reason(s) for current or previous Department involvement;
            - patterns of behavior from past involvement or from childhood that indicate danger or risk to the child(ren) or any other person;
            - any current or previous court involvement, termination of parental rights and/or care and protective orders; and
            - reason(s) for case closing, when applicable.
    - Previously assigned Social Worker for closed cases
    - Criminal Offense Record Information (CORI) and Sexual Offender Registry Information (SORI) data
    - Local law enforcement responses
    - Other collateral contact information

b. On open cases: Plan the collaborative response with the current worker(s)

Before contacting a family with an open case, the Response Worker and the Social Worker assigned to the open case and their respective supervisors must plan a collaborative response to the new 51A report. The collaborative plan must address:

- how and when the children will be seen (in conformity with required timelines);
- how allegations in the new report relate to the reason for current Department involvement; and
- which collaterals will be contacted and by whom.

c. Contact the reporter

The Response Worker must contact the reporter to clarify information included in the report, to address any unanswered questions and to gather additional information useful in conducting the response. The Response Worker shall document in the electronic record any information obtained from the reporter. If the Response Worker is unable to reach the reporter, the Response Worker documents the failure to reach the reporter in the electronic record.

d. Contact police to accompany on visit, when needed

The Response Worker, in consultation with the Supervisor, may request assistance from local law enforcement in conducting the response where there are concerns related to safety or other risk factors. Management shall not deny requests for police assistance on a response.

2. Gather Information from the Family

a. Contact parent(s)/caregiver(s)

The Response Worker must contact and interview any parent(s)/caregiver(s), including those living out of the home. Each parent/caregiver should be contacted a minimum of one time. A decision not to contact a parent/caregiver must be approved by the Supervisor, and the Response Worker must document the reason(s) for the decision not to contact the parent(s)/caregiver(s) in the electronic record.

During the first in-person contact and interview with the parent(s)/caregiver(s), the Response Worker shall explain the allegations and the response process. At the first in-person contact, the Response Worker shall also provide the family with the written letter notifying the family of the report of abuse and/or neglect and a copy of ***A Family's Guide to Protective Services for Children***.

The Response Worker should inquire about any communication barriers the parent(s)/caregiver(s) may have in responding to Department inquiries. It is important to consider not only language issues, but also any condition (such as neurological, hearing or visual impairment) that may limit the parent(s)/caregiver(s)'s ability to respond, to sign and enter into releases, to read forms, etc. The Response Worker should inquire whether the parent/caregiver would benefit from special assistance such as a translator or sign language interpreter to facilitate any interviews or exchanges with the Department.

b. Visit home

The Response Worker must make a home visit during the response. The Response Worker shall seek information from the parent(s)/caregiver(s) relevant to determining whether the alleged abuse or neglect has occurred and the impact of any abuse or neglect on the safety, well-being and risk of the child(ren).

Any decision not to visit the residence of the child(ren) must be approved by the Supervisor. The Response Worker must document in the electronic record the reasons for the decision, who was consulted and who approved the decision.

When the response is on an open case, the Response Worker should conduct the visit with the current Social Worker except in circumstances when a joint visit would be clinically counter-indicated or when scheduling conflicts prove prohibitive.

c. Visit and interview reported children

Visit the child(ren) – The Response Worker must conduct an in-person visit with the child(ren) who is the subject of the response. In most situations, the visit and interview will occur simultaneously. There may be special presenting circumstances where the interview may occur a short time after the face-to-face visit.

Interview the child(ren) – As a general rule, the Response Worker shall interview all children who are the subjects of the response as appropriate to child age and development. In certain circumstances, it may not be possible or advisable to interview a child. Examples of situations where an interview may not be possible or advisable include, but are not limited to:

- a child with limited or no language;
- a child suffering severe medical and/or psychological dysfunction;
- a child who already has disclosed to a professional a sufficiently detailed account of the injury or condition and for whom additional disclosure or interviewing would be damaging;
- a child who is being interviewed as part of a Sexual Abuse Intervention Network (SAIN) interview or similar collaborative effort.

Any decision not to visit or interview the reported child(ren) must be made in consultation with the Supervisor. The Response Worker shall document the reasons supporting a decision not to interview a child in the electronic record.

In certain situations, the Department may not be able to complete a 51B response because it is unable to locate the child(ren) or caregiver(s) who are named in the 51A Report. In these situations, the Response Worker and Supervisor shall consult with the Area Program Manager and the Department Attorney to discuss whether the concerns alleged in the 51A warrant legal action. This consultation must be documented in the electronic record.

The Response Worker should determine the content of the interview with the child(ren) based on a review of the 51A report, information from collaterals, observations made during the home visit and other available sources of information. When interviewing and visiting with the reported child(ren), the Response Worker should pay particular attention to:

- parent-child interaction;
- age appropriateness of child(ren)'s behavior and activities;
- developmental status of child(ren);
- medical and behavioral conditions of the child(ren) and the ability of the child and/or parent/caregiver to cope with these conditions;
- the physical environment and the child(ren)'s ability adapt to that environment;
- for any home with a child under the age of 12 months, that each child has a dedicated and safe sleep environment and that parent(s)/caregiver(s) are informed of safe sleep practices; and
- specific areas of possible injury on the child(ren) when the response concerns allegations of physical abuse. *(NOTE: The Response Worker may use a camera to document any observable injury in accordance with the Department's Practice Guidance on Photo Documentation.)*

The manner in which the Response Worker conducts the interview with the reported child(ren) shall take into account the child(ren)'s age, sex and other circumstances, particularly when removal of clothing may be necessary to view injuries.

When the Response Worker identifies a non-reported injury or some other condition for concern involving the reported child(ren), the Response Worker must document the injury or condition in the electronic record in order to ensure it is addressed through the Response. The Response Worker is not required to file a new report on a non-reported injury or other condition for concern involving a reported child(ren).

d. Establish safety and well-being of non-reported child(ren), if applicable

The Response Worker must determine the condition of all non-reported child(ren) in the household. In most situations, this requires visiting and interviewing all non-reported child(ren) as appropriate to age and child development. If the Response Worker is unable to see and interview the non-reported child(ren), the Response Worker should determine the condition of the non-reported child(ren) through contacts with the parent(s)/caregiver(s) and/or collateral contacts. Any decision not to visit and interview the non-reported child(ren) must be made in consultation with the Supervisor, and the Response Worker must document the reason(s) for the decision in the electronic record.

e. File a new report on non-reported child(ren), when necessary

If a condition of abuse or neglect is identified for any non-reported child(ren), the Response Worker files a new report on the specific child(ren).

f. Determine action when access to child(ren) prevented

The Response Worker shall immediately inform the Supervisor and Area Program Manager when a person or family prevents the Response Worker from visiting or interviewing a reported child(ren) or any non-reported child(ren) in the same household. The Response Worker and the Supervisor shall then consult with the legal department to determine if legal action may be warranted. The Response Worker documents these activities, decisions and who participated in the electronic record.

3. Gather Information from Other Sources

a. Conduct collateral contacts

The parent(s)/caregiver(s), the reported child(ren) and the reporter are the Response Worker's primary sources of information in conducting the response. In consultation with the family, the Response Worker shall identify collaterals who have additional, relevant information about the family or the incident. The number and extent of contacts made with collaterals will vary depending upon the circumstances of each situation and the need to verify information gathered.

When the response is on an open case, the Response Worker is responsible for contacting all collaterals who may have information related to the allegation(s) or concern(s). The Response

Worker and Social Worker discuss which additional collaterals may be contacted during the response.

Parent(s)/caregiver(s) may be asked to sign releases to permit collateral sources (such as hospitals, schools, etc.) when necessary to obtain disclosure of information relevant to the family's situation. If a parent or caregiver refuses to sign a release, the Response Worker should still contact any collateral likely to have relevant information. The Response Worker may disclose to a collateral as much information about the family's Department involvement as the Response Worker determines necessary to inform discussion of the response decision.

The Response Worker must document contacts made and information received from collaterals in the electronic record, including date(s), name(s) and contact information.

b. Seek clinical consultation, as needed

The Response Worker may seek consultation with a regional clinical specialist in substance use/misuse, domestic violence, mental/behavioral health, or medical services to inform the response decision

c. Conduct an identity query, if needed

The Response Worker may request or conduct an identity or address query through Department approved platform(s) if necessary to obtain or confirm information on person(s) connected to the report. Queries may be useful to identify or confirm name(s), person(s) in the household or family, current and previous addresses, and photo identification.

d. Conduct CORI and SORI checks

If CORI, including a national criminal history check, and SORI checks were not completed during screening or when a new person(s) connected to an allegation of abuse or neglect has been identified after screening, the Response Worker shall request or conduct a CORI, SORI and national criminal record check for:

- any caregiver(s) alleged to be responsible for the report of abuse or neglect;
- the parents of the child(ren) who is the subject of the report, and
- any other person who is age 15 years or older who lives in the household where the child(ren) resides or who is otherwise connected to the allegation.

If there is an indication that any of the above individuals reside or has resided previously in another state the Response Worker makes note of this in the electronic record in order to facilitate a more accurate search.

In circumstances where there is indication of a criminal history, the Screener may request or conduct a CORI and SORI check for a person in the home or connected to the allegation who is under age 15 years.

e. Request local law enforcement response information

The Response Worker shall contact local law enforcement and request information that may assist in assessing danger and risk to the child(ren) and/or the worker not already requested or received during screening on current or any newly identified addresses. In the request, the Response Worker provides the name(s) of the caregiver(s) involved in the case, address(es) known, and any occupancy date(s) known for each identified address. The Response Worker should indicate in the request the timeframe in which the Department requires the information to inform the response decision-making.

f. Search online and social media information sources

The Response Worker shall request or conduct a search of online sources, including social media sources, to gather information to support response decision-making. The Response Worker shall use the search of online sources to gather information concerning

- child(ren) who are the subject of the reports,
- any caregiver(s) alleged to be responsible for the reported abuse and/or neglect;

- the parents of the child(ren) who is the subject of the report, and
- any other person who is age 15 years or older who lives in the household where the child(ren) resides or who is otherwise connected to the allegation.

Information-gathering done through online sources must comply with Department policy and procedures.

4. Interview Person(s) Alleged Responsible

The Response Worker shall contact any person alleged to be responsible for the incident(s) of abuse or neglect alleged in the report or discovered during the response. If the police or District Attorney are currently investigating the situation, the Response Worker shall consult with law enforcement before contacting an alleged perpetrator.

If the alleged perpetrator has been arrested as a result of the incident(s) or injury(ies) reported, the Response Worker must obtain permission from an attorney representing the alleged perpetrator in the criminal matter before conducting any interview. The Response Worker may discuss with the alleged perpetrator the needs of the child, the availability of relatives/kin for placement and visitation, if applicable.

In conducting the interview, the Response Worker shall:

- explain the allegations and the response process;
- provide the written letter notifying the alleged perpetrator of the report of abuse or neglect;
- provide the alleged perpetrator with ***A Family's Guide to Protective Services for Children***; and
- gather any information that the alleged perpetrator may have about the allegation of abuse or neglect

The Response Worker shall document in the electronic record the interview and any information obtained in the course of the interview.

5. Assess Parent(s)/Caregiver(s) Ability to Safely Parent Using the Protective Factors Framework

The Response Worker shall assess the parent(s)/caregiver(s) capacity to safely parent a child(ren) who is the subject of the response or who is identified in the course of the response. In making the assessment, the Response Worker shall complete the Parental Capacity section of the Department's risk assessment tool in order to evaluate the following factors:

Knowledge of Parenting and Child Development

- Does the parent/caregiver:
  - understand how to keep the child(ren) safe?
  - provide age/developmentally appropriate discipline?
  - have knowledge of the child(ren)'s unique developmental needs?
  - ensure that the child(ren) is attending and engaging in school/early childhood programming?

Building Social and Emotional Competence of Children

- Does the parent/caregiver:
  - have a meaningful attachment to the child(ren)?
  - know how to help the child(ren) safely regulate and express emotions?
  - supervise the child(ren) to have safe and secure peer and adult relationships in the community?

Parental Resilience

- Does the parent/caregiver have the ability to make positive changes that sustain child safety and well-being while managing stress and adversity?

Social Connections

- Does the parent/caregiver maintain healthy, safe and supportive relationships with people, institutions, and the community to benefit the child(ren) and the caregiver?

Concrete Support in Times of Need

- Does the parent/caregiver:
  - provide for the child(ren)'s health and medical needs?
  - provide for the family's basic needs?
  - know how to access and advocate for services that promote safety and well-being for the child(ren)?

6. Determine Risk to the Children

Prior to concluding a response, the Response Worker shall complete the Department's risk assessment tool based on the information gathered in the course of conducting the response. The Response Worker may ask the family to participate in completing the risk assessment tool. The Response Worker shall consider the following information in assessing risk level:

- The child(ren)'s age as well as cognitive, physical and emotional capacity to participate in safety interventions
- Other vulnerabilities of the child(ren) in the household (e.g., medical, behavioral or developmental needs)
- Whether the current report relates to abuse or neglect; how many children were involved in the report and if there were child injuries
- The number of prior responses
- Whether or not there has been a prior case opened for services
- Whether the primary caregiver has history of abuse/neglect as a child
- Whether the primary caregiver has a past or current alcohol or drug problem
- Whether the primary caregiver has a current or past history of mental health challenges
- Whether there are concerns about the adult relationships in the home
- Whether the primary caregiver meets the physical care needs of the child(ren)
- Whether the family has stable housing

For currently open cases when a risk assessment tool has been previously completed, the Response Worker completes the Department's risk reassessment tool before concluding the response. The Response Worker shall consider the following information in re-assessing risk level:

- Information from any new 51A reports received or 51B responses conducted; and
- Any changes or updates in:
  - Vulnerabilities for children in the household
  - Substance use/misuse in the household
  - Adult relationships in the household
  - Physical care provided to the children
  - Housing
  - Primary caregiver's mental health

E. Response Decision-Making

Based on the facts gathered during the response, the assessment of parental capacities, the results of the risk assessment tool and clinical judgment, the Response Worker, in consultation with the Supervisor determines:

1. **A finding on the reported allegation(s) or discovered conditions, including a finding on any person(s) responsible; and**
2. **Whether Department intervention is necessary to safeguard child safety and well-being.**

The Social Worker, Supervisor and/or manager may consult with a regional clinical specialist, if needed, to inform decision-making.

When there are conflicts or disagreements between the Social Worker and the Supervisor on response outcome, the Area Program Manager is consulted and is responsible for final decision-making and for documenting that decision. If two Area Offices participate in a joint response on an open case, both Response Workers and their Supervisors participate in decision-making. If there are disagreements on the response outcome, the Area Program Manager over Intake in the office where the family's current case is open is responsible for final decision-making and for documenting that decision.

Possible response outcomes

1. **A "Support" finding means:**

Allegation(s)
- There is **reasonable cause to believe** that a child(ren) was abused and/or neglected; and
- The actions or inactions by the parent(s)/caregiver(s) place the child(ren) in danger or pose substantial risk to the child(ren)'s safety or well-being; or the person was responsible for the child(ren) being a victim of sexual exploitation or human trafficking.

Examples of allegations that may have a finding of "Support" include but are not limited to:
- Death as result of abuse or neglect
- Sexual abuse
- Physical abuse resulting in an injury
- Sexual exploitation and/or human trafficking
- Neglect that has led to a serious physical or emotional injury

Person(s) responsible
- The person(s) responsible for the abuse and/or neglect, when known, is named to the Department's ***Central Registry.***
  - ***If*** there is ***substantial evidence*** that the person(s) named is responsible for the abuse or neglect and the report was referred to the District Attorney, *the person responsible is also named to the* ***Registry of Alleged Perpetrators.***

Department intervention
- Department intervention is needed to safeguard child(ren) safety and well-being with one of the following results:
  - a new case is opened (see Family Assessment and Action Planning Policy); or
  - when allegations are "supported" on an open case, the information gathered during response is used by the currently assigned Social Worker, in consultation with the Supervisor, to determine if there is a change in risk level to the child(ren) that warrants an update to the family's current Assessment and Service (Action) Plan and/or a change to existing interventions/services.
- In very limited circumstances, with approval from a manager, the Department may make a finding of "support" and determine that Department intervention is not necessary. For example, the alleged perpetrator was not a family member (e.g., babysitter, bus driver, etc.), and the parent(s)/caregiver(s) has taken necessary action to keep the child safe; or the alleged perpetrator poses no current or potential threat to the reported child(ren), is out of the home, and the parent(s)/caregiver(s) has taken necessary action to keep the child(ren) safe.

2. **A "Substantiated Concern" finding means:**

Allegation(s)

- There is reasonable cause to believe that the child was neglected; and
- The actions or inactions by the parent(s)/caregiver(s) create the potential for abuse or neglect, but there is no immediate danger to the child(ren)'s safety or well-being.

Examples of allegations that may have a finding of "Substantiated Concern" include but are not limited to:

- Neglect that resulted in a minor injury and the circumstances that led to the injury are not likely to recur but parental capacities need strengthening to avoid future abuse or neglect of the child
- Neglect that does not pose an imminent danger or risk to the health and safety of a child
- Educational neglect
- Excessive or inappropriate discipline of a child that did not result in an injury

Person(s) responsible

- An alleged perpetrator is not named to the Department's ***Central Registry*** (or Registry of Alleged Perpetrators, even when the report was referred to the District Attorney).

Department Intervention

- Department intervention is needed to safeguard the child(ren)'s safety and well-being with one of the following results:
  - a new "case" is opened (see Family Assessment and Action Planning Policy); or
  - when a substantiated concern is found on an open case, the information gathered during response is used by the currently assigned Social Worker, in consultation with the Supervisor, to determine if there has been a change in risk level to the child(ren) that warrants an update to the family's current Assessment and Service (Action) Plan and/or change to existing interventions/services.

3. An "Unsupport" finding means:

Allegation(s) & person(s) responsible

- There is not reasonable cause to believe that a child(ren) was abused and/or neglected, or that the child(ren)'s safety or well-being is being compromised; or
- The person believed to be responsible for the abuse or neglect was not a caregiver, unless the abuse or neglect involves sexual exploitation or human trafficking where the caregiver distinction is not applied.

Department intervention

- Department intervention is not needed to safeguard the child(ren)'s safety and well-being.
  - The Department does not open a new "case," but the family may apply for voluntary services from the Department and/or the Department may refer the family for services in the community if needed.
  - When allegations on an open case are "unsupported," the information gathered during response is used by the currently assigned Social Worker, in consultation with the Supervisor, to determine if there has been a change in risk level to the child(ren) that warrants an update to the family's current Assessment and Service (Action) Plan and/or change to existing interventions/services.

F. Documentation and Approval of Response Decision

Following the completion of response activities, the Response Worker shall document for each child and allegation a series of decisions and findings which shall include:

- a summary of the assessment of existing safety or danger

- an assessment of risk level to the child(ren) based on the results of the Department's risk assessment tool (or risk reassessment tool when a risk assessment tool has been previously completed)
- a summary of the assessment of the parent(s)/caregiver(s) ability to safety parent
- any immediate actions that will be taken to establish and maintain child safety
- any other actions needed to support child health and well-being and strengthen parental capacities
- a summary of the basis for the Department's disposition of the report

The Response Worker shall forward the completed response report to the Intake Supervisor.

The Intake Supervisor shall upon receiving the completed response report from the Response Worker:

- review, provide comments, and approve the response decision;
- for any finding that will require a new case to be opened ("Support" or "Substantiated Concern"), forward the response, including any physical documentation to the Case Assignment Manager; and
- for any finding that will not require a new case to be opened ("Support" or "Unsupport") forward the response, including any physical documentation, to the Area Director/designee for review and approval.

The Area Director/designee shall upon receiving the completed response report from the Intake Supervisor

- approve or reverse the response decisions and, as applicable, the District Attorney referral recommendations;
- include any comment regarding changes to the response decision; and
- notify the Intake Supervisor when a response decision is changed.

G. Notifications and Referrals

Notify Parent(s)/Caregivers

The Response Worker shall send written notice of the outcome of the Department's 51B response to the parent(s)/caregiver(s). Notifications must be sent within 48 hours except for notices to persons listed on the Registry of Alleged Perpetrators, which are addressed below.

Notify Mandated Reporter

If the source of the report was a mandated reporter, the Response Worker shall send to the reporter a copy of the outcome notice sent to the family.

Refer to the District Attorney, as Appropriate

The Response Worker, in consultation with the Supervisor, shall determine whether the information obtained during the response warrants a referral to the District Attorney or local law enforcement on either a mandatory or discretionary basis. (See Section IV-D above.) If referral is warranted and no referral was made during screening, the Response Worker shall complete a referral to the District Attorney and local law enforcement as required. The Area Director/designee shall review the referral before forwarding it to the District Attorney and to local law enforcement. Referrals should be directed to the District Attorney and to local law enforcement with responsibility for the city or town where the child(ren) resides and where the alleged crime(s) occurred. A referral shall include a copy of the 51A report and the 51B response documents. (See District Attorney Referral Policy)

Notify Alleged Perpetrator

The Response Worker shall send written notice of the outcome of the Department's 51B response to any person who was alleged to be responsible for an incident of abuse or neglect. The notice shall include the name of the child, the form of abuse and/or neglect that was alleged, any form of abuse and/or neglect that was supported, indication whether the alleged perpetrator has been listed in the Central Registry or

the Registry of Alleged Perpetrators and advice that a designation as an alleged perpetrator may be reviewed through the fair hearing process. If the alleged perpetrator is a child under age 18, written notice must be sent to the perpetrator, and a copy must be sent to the perpetrator's parent(s) and/or guardian(s).

- ***Central Registry Listing Only:*** The Response Worker shall send written notice to any person who was identified for listing as an alleged perpetrator on the Central Registry but not on the Registry of Alleged Perpetrators within 10 working days after completion of the response.
- ***Registry of Alleged Perpetrators Listing:*** Within 20 working days after the date the response is completed, the Area Director/designee shall provide written notice to each alleged perpetrator that their name will be maintained on the Registry of Alleged Perpetrators.

  [See *Department Regulations,* 110 CMR 10.10(5), for information regarding a stay of the fair hearing proceeding at request of the District Attorney.] The Response Worker shall complete all sections of the appropriate letter, except the date; ensure that the mailing address of the alleged perpetrator is clearly indicated in the electronic record; and attach the notice letter to the District Attorney referral. The notice letter shall be sent following the referral to the District Attorney, but no later than 20 days after the listing decision.

Notify Sources When Report is Unsupported

Where a response is unsupported, the Response Worker shall send a copy of the outcome notice to each person contacted during the response unless the individual who had been alleged to be responsible for the incident of abuse and/or neglect requests that notice not be sent.

Make Early Intervention Referral

When there are substantiated concerns or when there is a supported allegation of abuse or neglect involving a child under age 3 years, the Response Worker shall complete a mandatory Early Intervention referral for the child. The Response Worker will inform the parent(s)/caregiver(s) of this federally required referral in writing. (See Early Intervention Referral Policy)

H. Applicable Review Procedures: Support Decisions – Only

In addition to notifying the family and any alleged perpetrator about the 51B response decisions, the notification letters inform individuals about how the 51B response decisions can be reviewed as follows:

How Support Decision is Reviewed

Type of Situation	Type of Review
New Cases. Includes families with previously closed cases.	Opportunity for Administrative Review during Family Assessment or Fair Hearing on Request
Currently Open Cases	Fair Hearing on Request
Community-Connected Residential Treatment Settings	Fair Hearing on Request
Foster Homes: Foster Children Biological Children	Fair Hearing on Request Automatic Administrative Review
Any case referred to a DA in which the Department receives a written notice stating that formal criminal charges have been instituted	Automatic Administrative Review or Fair Hearing Deferred
New Cases—Supported and closed with the agreement of the parent	Right to Assessment and Automatic Administrative Review is waived

VI. PROCEDURES RESPONDING TO REPORTS INVOLVING INCIDENTS THAT CROSS STATE LINES

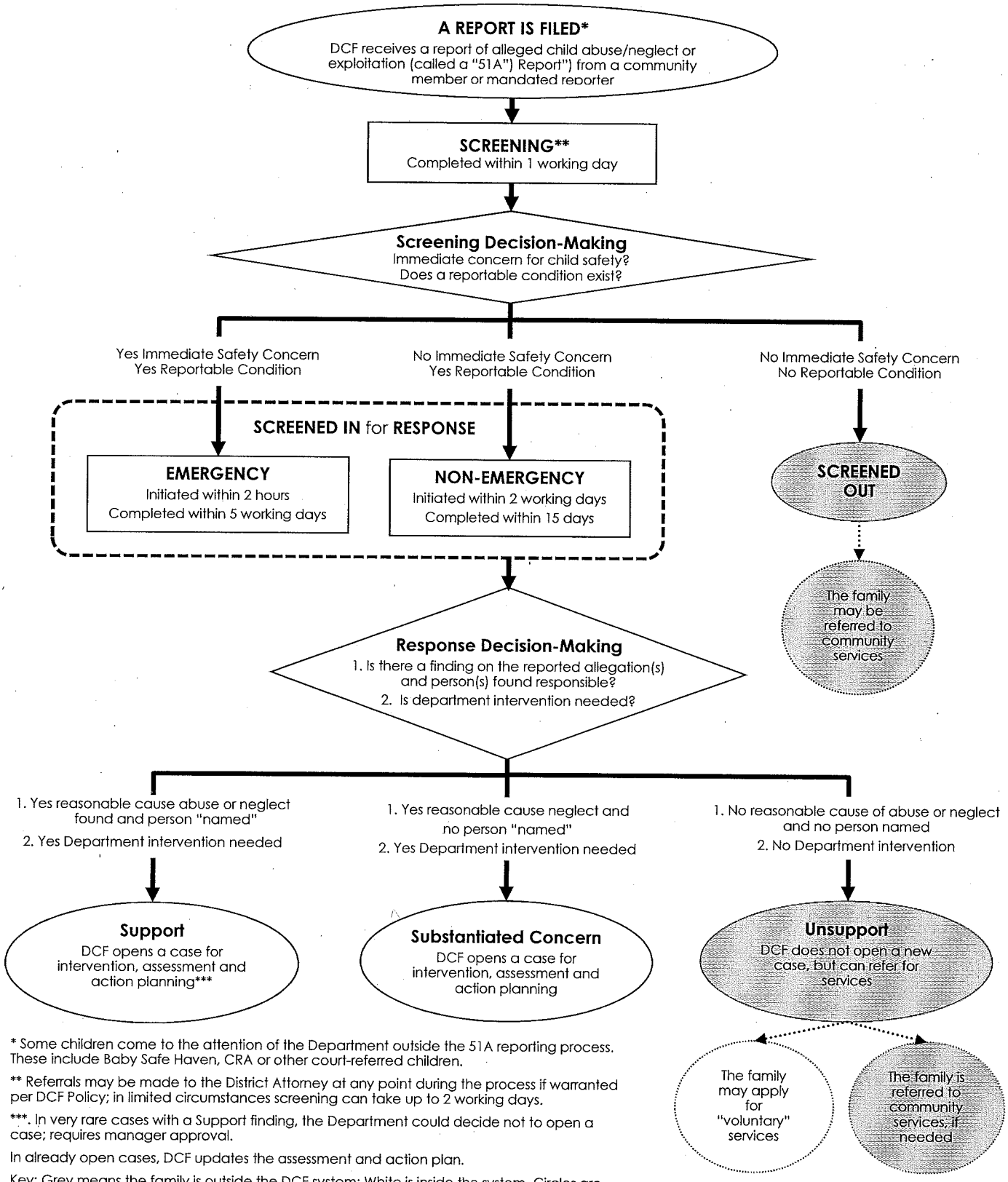
The Department screens and responds to all reports of child abuse and neglect that involve a child(ren) who is a resident of another state and/or a child who is alleged to have been abused out of state. At the request of an out-of-state child protective service agency, the Area Director/designee will arrange for a Department Response Worker to conduct an interview(s) and/or contact a collateral(s) in order to support a child protective services response that the out-of-state agency is conducting.

When another state's child protective service agency requests assistance with a response to a report of child abuse or neglect, the Area Director/designee negotiates those activities that the Response Worker will complete (e.g., interview with an alleged perpetrator, collateral contacts, etc.). The Response Worker then completes the agreed upon activities.

The Commissioner's designee will share information with other state child protective service agencies, in accordance with MGL c. 119, § 51E, to address the safety of children who are the subjects of reports and responses involving other states.

1. When the Department receives a report that alleges that a child(ren) who is a resident of another state, but is temporarily and currently in Massachusetts, has been abused or neglected while in Massachusetts, the Screener, in consultation with the Supervisor, the Department screens the report and responds accordance with the Department's Protective Intake Policy. When necessary to support the child(ren)'s safety and well-being, the Department shares the report and the outcome of any response with the state agency responsible for child protective services in the child(ren)'s home state.
2. When the Department receives a report that alleges that a child(ren) who is a resident of another state was abused or neglected in her/his home state and the child(ren) is currently in Massachusetts, the Screener, in consultation with the Supervisor, collaborates with the child protective service agency in the child(ren)'s home state to obtain sufficient information to determine whether the Department must: (1) screen in the report and coordinate a response; and/or (2) file a report on behalf of the child(ren) with the child(ren)'s home state child protective service agency. The Screener encourages the reporter to call the child(ren)'s home state child protective service agency.
3. When the Department receives a report that alleges that a child(ren) who is a resident of another state was abused and/or neglected while in Massachusetts temporarily (i.e., has returned to home state), the Screener, in consultation with the Supervisor, files a report with the state agency responsible for child protective services in the child(ren)'s home state. If information included in the report alleges that another child(ren) currently in Massachusetts may be at risk of abuse and/or neglect from the same caregiver, the Screener files a report with the Department on behalf of that child(ren).
4. When the Department receives a report that alleges that a child(ren) who is a resident of another state was abused and/or neglected in her/his home state and the child(ren) is currently in her/his home state, the Screener encourages the reporter to call the child(ren)'s home state protective service agency and attempts to obtain sufficient information from the reporter to permit the child's home state agency to make contact with the reporter. The Screener, in consultation with the Supervisor, files a report with the child protective service agency in the child(ren)'s home state and screens out the Massachusetts report.
5. When the Department receives a report that alleges that a child(ren) who is currently residing in Massachusetts has been abused and/or neglected in another state, the Screener, in consultation with the Supervisor, contacts the child protective service agency in the other state to coordinate a response and to gather sufficient information to determine if the child(ren) is currently at risk of abuse and/or neglect. If the response indicates that another child(ren) may be at risk of abuse and/or neglect from the same caregiver residing in the other state, the Department files a report with that state's protective service agency on behalf of the child(ren).

APPENDIX A: What Happens When DCF Receives a 51A Report?



* Some children come to the attention of the Department outside the 51A reporting process. These include Baby Safe Haven, CRA or other court-referred children.

** Referrals may be made to the District Attorney at any point during the process if warranted per DCF Policy; in limited circumstances screening can take up to 2 working days.

***. In very rare cases with a Support finding, the Department could decide not to open a case; requires manager approval.

In already open cases, DCF updates the assessment and action plan.

Key: Grey means the family is outside the DCF system; White is inside the system. Circles are starting and end points. Dashed arrows are optional paths.