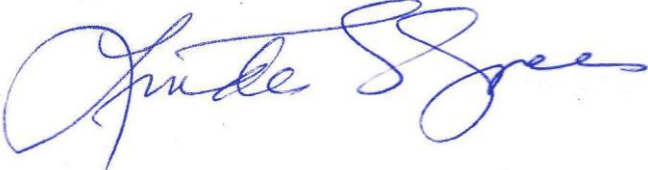


DCF	COMMONWEALTH OF MASSACHUSETTS ~ DEPARTMENT OF CHILDREN AND FAMILIES	
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PROTECTIVE INTAKE POLICY

Table of Contents

I. Policy	
II. Procedures	
A. Definitions	2
B. Roles and Responsibilities	6
C. Determine Responsibility for Screening	8
D. Complete Screening within Appropriate Time Frames	9
E. Gather Information from the Reporter	10
F. Gather Information from Other Sources	11
G. Complete District Attorney and Local Law Enforcement Referrals	13
H. Conduct Screening Team Meetings	13
I. Hold Clinical Reviews When Required	15
J. Make the Screening Decision	15
K. Determine Responsibility for Response	17
L. Complete the Response within Required Time Frames	18
M. Determine Child Safety	18
N. Prepare for the Response	20
O. Gather Information from the Family	20
P. Gather Additional Information	22
Q. Assess Protective Factors and Risk	23
R. Make the Response Decision	25
S. Complete Notifications and Referrals	27
T. Responding to Reports That Cross State Lines	28
Appendix A – What Happens When DCF Receives a Report?	30
Appendix B – Protective Intake Clinical Guide	31

I. POLICY

The Department of Children and Families (the Department) is the agency designated in the Commonwealth to receive and respond to reports of child abuse and/or neglect. The Department maintains a 24 hour, 7 days a week protective intake system to receive and respond to reports. 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 immediately by telephone. (See Definitions section). Mandated reporters are also required to send a written report to the Department within 48 hours of making a telephone report.

The Department's primary and immediate focus is child safety when screening and responding to reports of child abuse and neglect.

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

The purpose of screening is to gather sufficient information to determine whether a Department response is necessary to ensure a child's safety and well-being. Screening is the first step in determining the Department's subsequent actions and intervention with the child and 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, (1) if there is an immediate concern for child safety; and (2) if a "reportable condition" under MGL c. 119, § 51A exists.

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).

The Department's first priority in every response is to address immediate concerns regarding the child(ren)'s safety and well-being 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.

II. PROCEDURES

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.

A. DEFINITIONS

Abuse - 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** The victimization of a child through sexual exploitation and/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 - A child's parent, stepparent or guardian, or any household member entrusted with responsibility for a child's safety and well-being; **or** Any other person entrusted with responsibility for a child's safety and well-being, 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.

The term "caregiver" includes, but is not limited to schoolteachers, 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 – a person who interacts with the family/child through the context of their job such as a therapist, teacher or doctor.

A non-professional – a person who interacts with the family through their community such as a friend, neighbor, or relative who has been identified as having information about a reported incident of abuse or neglect or about the 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. 265, §§ 50 and 51 and 22 USC §7102(9-10)) - A person who is subjected to harboring, recruitment, transportation, provision, enticing, obtaining, patronizing, or soliciting for the purpose of:

- (1) sex trafficking (e.g., performance of a commercial sex act, inducement to perform a commercial sex act, forced sexual services and/or sexually explicit performance); and/or
- (2) labor trafficking (e.g., 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, childcare 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 childcare resource and referral agencies, family childcare providers and child care food programs;
- Childcare licensors, such as staff from the Department of Early Education and Care;

- Social workers, foster parents, probation officers, clerks, magistrate of the district courts, and 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;
- Animal control officers; 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, education, emotional stability and growth, or other essential care; or to prevent malnutrition; or failure to thrive. A neglect determination cannot result solely from inadequate economic resources or be due solely to the existence of a parent/caregiver's disability or limited physical condition.

Non-Emergency- A situation in which a child(ren) may have been or is 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 and/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).

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.

Plan of Safe Care - A Plan of Safe Care (PoSC) is a federal requirement through the Child Abuse Prevention and Treatment Act (CAPTA). It is a family-led, coordinated multidisciplinary plan for care and support when an infant is identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder. It addresses the health and substance use disorder treatment needs of the infant and affected family or caregiver, including services, education and referrals. PoSC is intended to

help ensure the safety and well-being of newborns following release from the care of health providers. It is a private document belonging to the family, and its existence does not in and of itself necessitate the filing of a 51A.

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

The parent, or legal custodian, 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, or legal custodian, with whom the child spends, or will spend, the majority of their 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.

If the family has been in Massachusetts for less than 30 days, the residence will be where the family is temporarily sleeping.

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.

Safety Planning - A process of engaging an individual and their identified supports to explore child safety concerns and identify strategies to utilize in times of crisis. Strategies should mitigate risk or danger and increase safety for the child(ren). Safety plans are developed with caregivers and are changeable. A safety

plan should be revisited regularly with the family to ensure the plan is relevant and whether additional components are needed. Identified supports can be family members, friends, health/service providers or others identified as safe and helpful to the family.

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; **or** The victimization of a child through sexual exploitation or sex trafficking, regardless if the person responsible is a caregiver.

Sexually Exploited Child - 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; or by receiving anything of value;
- (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 an intentional act or an 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.

B. ROLES AND RESPONSIBILITIES

1. **Mandated Reporter** is responsible for:

- calling in the initial allegation; and
- filling out and submitting a written report within 48 hours of the initial phone call.

2. **Screener** is responsible for:

- attending Screening Team meetings, when available;
- screening allegations within the required timeframe by gathering information from the reporter and other sources to compile the 51A report;
- consulting with their Supervisor and other staff on assessment and decision-making as needed;
- making a referral to the District Attorney/local law enforcement, when applicable; and
- documenting the screening decision and sending required notifications.

3. **Response Worker** is responsible for:

- completing the response within the required timeframe by assessing child safety and risk and parental protective factors through a home visit, interviews with family members, interview with the person(s) alleged responsible, and gathering information from other sources to compile the 51B report;
- consulting with their Supervisor and other staff on assessment and decision-making as needed;
- removing the child(ren) if needed;
- beginning a referral to the District Attorney/Local Law Enforcement, when applicable;
- making referrals if needed; and

- documenting the response findings and decision for each child and allegation and sending required notifications.

4. Ongoing Social Worker is responsible for:

- attending Screening Team meetings and Clinical Reviews when required;
- planning a collaborative response and visiting the home with the Response Worker; and
- determining if there is a change in risk level to the child(ren) that requires an update to the family's current Assessment and Action Plan and/or a change to existing interventions/services.

5. Supervisor is responsible for supporting the Screener/Response Worker in screening/response activities and decision making and:

- attending Screening Team meetings;
- reviewing the screening decision; and
- assigning the screened in 51A report to a Response Worker or forwarding the screened out 51A report to the Area Director/designee;
- reviewing the response decision; and
- forwarding responses that require a case to be opened to the Case Assignment Manager **or** forwarding responses that do not require a case to be opened to the Area Director/designee.

6. Area Program Manager (APM)/designee over Intake is responsible for supporting the Intake Units in screening and response activities and decision-making and:

- attending Screening Team meetings and Clinical Reviews.

7. Area Clinical Manager (ACM)/designee is responsible for:

- conducting Screening Team meetings and convening Clinical Reviews; and
- approving requests for additional time to complete screening activities.

8. Area Director/designee is responsible for supporting the Intake Units in decision-making:

- reviewing screened out and unsupported response decisions;
- reviewing and completing referrals to the District Attorney
- making the response decision when there is disagreement between the Response Worker and their Supervisor;
- notifying perpetrators that their name will be in the Registry of Alleged Perpetrators; and
- negotiating the activities the Response Worker will complete for reports that cross state lines.

9. Emergency Response Worker (ERW) is responsible for:

- completing the response within the required timeframe by assessing child safety and risk and parental protective factors through a home visit, interviews with family members, and interview with the person(s) alleged responsible to compile the 51B report;
- gathering information from other sources as needed; and
- removing the child(ren) if needed.

10. On Call Supervisor (OCS) is responsible for supporting the ERW in response activities and decision-making and:

- receiving the report from the after-hours Screener and determining if the report requires an emergency response;
- communicating with the after-hours Screener on the decision to assign the ERW;
- making a referral to the District Attorney/Local Law Enforcement, when applicable;
- reviewing the response decision completed by an ERW; and
- forwarding responses that require a case to be opened to the Case Assignment Manager **or** forwarding responses that do not require a case to be opened to the Area Director/designee.

C. PROCEDURES: DETERMINE RESPONSIBILITY FOR SCREENING

Screen the Report

1. 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. (See below)

The person who first contacts the Department retains the designation as the Reporter, even when the initial Screener refers the report to another office or the Special Investigations Unit (SIU).
2. For Allegations on Open Cases or Open Responses: The Area Office where a case or response is open has responsibility for screening the report. When a report is received on a family with a currently open case/response the Screener **immediately** notifies and consults with the Social Worker/Response Worker and/or Supervisor and APM currently assigned to the case/response.

Transfer the Report

3. If while in process of filing the report, the Screener determines that another Area Office or SIU is responsible for screening the report, the Screener immediately transfers the Reporter’s call to the screening unit that has jurisdiction for screening the report.
4. If after the report is filed, the Screener determines that another Area Office or SIU is responsible for screening the report, 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 Area Office responsible for screening or to SIU.

Screen Reports on Foster Homes and Institutional Settings

5. 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 reported child(ren), other children in the home, and parent(s)/caregiver(s) or the facility, into the Department’s electronic record and then transfers the report to SIU who completes the screening.
6. When a report is received on a licensed foster/pre-adoptive home or a foster/pre-adoptive home in process of being licensed where a child is currently placed, the Screener immediately consults with the Intake Supervisor and notifies the Social Worker and/or Supervisor of any children placed in the home, the Family Resource Worker, APM, and AD. When there is a sexual abuse allegation of a child by a foster/pre-adoptive caregiver, the AD/Designee immediately notifies the RD, RCD, Associate Deputy Commissioner, Deputy Commissioner, General Counsel, and SIU Director. When a 51A is received on an individual who is open with the Department as a prospective foster parent, the screener notifies the Family Resource Unit.
7. 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).

Screen Reports with Conflict of Interest

8. For 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 the report to the Special Investigations Unit (SIU) when the report or information received alleges abuse and/or neglect by a Department employee or immediate family member (mother, father, sister, brother, daughter, son, grandparent, grandchild, spouse, step-parent ,step-sibling or step-children) or household member, or by a member of an Area Board or other citizen advisory group such as the Family Advisory Committee or Youth Advisory Board. SIU will conduct the response.

If the report involves a staff member of the SIU or Case Investigation Unit (CIU) the Commissioner/Designee determines which area office or contracted agency will conduct the screening and response.

9. For reports on persons with another personal or professional relationship with staff in the Area Office not otherwise covered by the categories previously identified (e.g., police officer, school personnel, medical personnel, staff member of a contract provider), the Screener and Supervisor immediately notify the APM and AD.

The APM and AD decide whether the screening is completed by the Area Office with appropriate confidential measures or is referred to another Area Office (either inside or outside the region) or to SIU for completion of screening and, if needed, the response. The APM and AD document the confidential measures identified in the electronic record.

Factors to consider that would warrant another Area Office screening the report include whether the person works in the catchment area of the Area Office; whether the person has regular professional contact with staff of the Area Office; and whether the person has a close personal relationship with staff of the Area Office or the role of the staff person in the agency.

D. PROCEDURES: COMPLETE SCREENING WITHIN APPROPRIATE TIME FRAMES

Emergency

1. Immediately after receiving a report, the Screener considers 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 immediately consults with the Supervisor. If it is determined that the report constitutes an emergency, the report is screened in.

The Supervisor immediately arranges for the report to be assigned for an emergency response. The Supervisor notifies the APM of the assignment. **The emergency response must be initiated within 2 hours.**

During non-working hours: When the after-hours Screener receives a report that may warrant an emergency response, they consult with the OCS. If the OCS agrees, an ERW is assigned and the response is initiated within 2 hours.

Non-Emergency

2. A Non-emergency is a situation in which a child(ren) may have been or is 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 and/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 the Screener determines that the report is not an emergency, the Screener proceeds with screening activities and **makes a screening decision within one working day of receipt of the report.**

During non-working hours: If a report received by the after-hours Screener does not require an emergency response, they complete a Department/Child Welfare history review, conduct a shift review if required, and transfer the report to the responsible Area Office, where screening activities will resume on the next working day.

Request Additional Time

3. In very limited circumstances, the Screener, in consultation with the Supervisor, may request one working day of additional time if critical information is needed to make a screening decision (i.e. a specific piece of information connected to the

allegation is needed from a collateral source, such as law enforcement, pediatrician, teacher or others). Additional time is approved and documented by the ACM/Designee in the electronic record.

If the information is not received during the approved additional day of screening, the report is screened in for a response.

Delays in receiving information from collateral contacts that are not required to make the screening decision do not qualify for an additional time request.

E. PROCEDURES: GATHER INFORMATION FROM THE REPORTER FOR SCREENING

The Screener obtains from the Reporter as much of the following information as possible and records it in the electronic record using the Screener's guide below:

- 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 apt #), phone #, age/date of birth for each parent and/or caregiver and language(s) spoken;
- c) **Reporter's information** – Name (first, last, middle), address (include apt #), email address, phone # and responses to the following:
 - o Is the Reporter a mandated or voluntary reporter?
 - o Has the Reporter informed the caregiver of report?
 - o What is the Reporter's 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 concerns regarding danger to the child(ren). Cite source of reported abuse/neglect if not observed firsthand by the Reporter.
- 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(ren) visible in the community? What child care, school, medical care/visits, etc. is the child attending? Are there other adults visible in the child(ren)'s life?
- i) **Other contributing 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 and well-being, such as:
 - o physical, developmental or intellectual disability
 - o mental or behavioral health challenges
 - o significant trauma that affects current functioning
 - o substance use/misuse
 - o housing instability or homelessness
 - o gang involvement
 - o domestic violence
- 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?
- m) **Substance Exposed Newborn (SEN) and Plans of Safe Care (PoSC)** – If the report alleges a SEN, document the Reporter's responses to the following questions:
- What is the substance used and has the newborn had a positive toxicology screen;
 - Is the infant experiencing Neonatal Abstinence Syndrome (NAS);
 - Is the substance prescribed and taken as directed by a medical professional;
 - Is the infant diagnosed with Fetal Alcohol Syndrome;
 - Does the Reporter have concerns about the impact of substance use/misuse on the mother's ability to safely care for her infant;
 - Is the reporter aware of an existing PoSC for the mother and newborn; if a PoSC exists, identify the provider who developed it and request a copy;
 - If the reporter is not aware of an existing PoSC, the Screener recommends the reporter coordinate the development of a PoSC with the mother and directs the reporter to the Massachusetts Department of Public Health's website where additional information and guidance are available.
- NOTE:** *If the Substance Abuse Treatment provider is the Reporter, the initial call and report to the Department with a SEN allegation is the only time that information is 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. § 1178(c).*
- n) **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)?

F. PROCEDURES: GATHER INFORMATION FROM OTHER SOURCES FOR SCREENING

The Screener initiates the following inquiries to gather additional information pertaining to the report, as is authorized under MGLc. 119, § 51B.

Review Department History and Central Registry

1. The Screener reviews 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.
2. The Screener summarizes the following information 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 is not to be copied directly into the electronic record. It is 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.

Conduct CORI and SORI Checks

3. 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 to inform the screening decision.
4. The Screener requests or conducts 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.
 - *In limited circumstances in the instance of a multihousehold dwelling, a manager may approve the decision not to conduct a CORI, SORI or national criminal record check on a household member where the child resides. The Screener documents the approval in the electronic record.*
5. The Screener notes in the electronic record if any of the individuals named in the report may have resided in another state.
6. The Screener may request or conduct a CORI and SORI check for a person who is under age 15 years if there is indication of a criminal history.

Request Information from Local Law Enforcement

7. The Screener contacts local law enforcement and requests information to assist in assessing danger and risk to the child(ren) and/or the Response Worker. The Screener provides the name(s) of the caregiver(s) involved in the case, the address and any occupancy dates. The request includes a history and type of any 911 calls or service calls to the current address and the dates if known. The Screener indicates the timeframe in which the requested information is needed to inform the Department’s decision-making.

Conduct an Online Search if needed

8. The Screener, in consultation with their supervisor, may request or conduct searches of online sources (e.g. reverse lookup platforms such as White Pages and Any Who), 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, caregivers(s), person(s) living in the home, or any other person(s) connected to the allegations of abuse or neglect.

The Screener may request or conduct an identity or address query via Department-approved platform(s) (e.g. local police department or other state agency platforms such as the Registry of Motor Vehicles) if the Screener needs to confirm or obtain information on person(s) connected to the allegations of abuse or neglect. Information obtained in the inquiry may include without limitation: name(s), identification of person(s) in the household or family, listing of current address(es), five-year address history and date(s), and photo identification.

The Screener documents relevant information gathered in the electronic record.

Request Information from Other States

9. 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 Screener, in consultation with the Supervisor, requests information from the other state(s).

Seek Clinical Consultation as needed

10. 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.

G. PROCEDURES: COMPLETE DISTRICT ATTORNEY AND LOCAL LAW ENFORCEMENT REFERRALS

Complete Mandatory Referrals

1. At any point during screening, when the Screener, in consultation with the Supervisor, determines that the report involves a crime that requires a mandatory referral to the District Attorney and local law enforcement, the Screener immediately notifies the responsible District Attorney’s Office(s) and local law enforcement agency.

Reports alleging one or more of the following occurred as a result of abuse or neglect require a mandatory referral:

- 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 or 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.

The Screener makes the referral by telephone and by transmitting by secure electronic mail an electronic copy of the relevant 51A report(s). (See: [District Attorney Referral Policy](#))

Complete Discretionary Referrals

2. At any point during screening, when the Screener, in consultation with the Supervisor, determines that the report or information gathered during screening identifies other serious criminal activity that may impact the safety or well-being of any child(ren) or a serious threat to public safety, a discretionary referral is made to the District Attorney’s Office and/or local law enforcement agency.

Discretionary referrals are reviewed and approved by the AD/Designee, who may consult with legal staff as needed. See: [District Attorney Referral Policy](#) for the procedures to approve and send a discretionary referral.

H. PROCEDURES: CONDUCT SCREENING TEAM MEETINGS

Screening Team Meetings

1. Each Area Office utilizes 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. Based on the information in the report and gathered during screening, the screening team will determine whether the report will be screened in for a non-emergency response or screened out. Reports requiring an emergency response are NOT held for review by the Screening Team.

The ACM/Designee conducts the Screening Team Meeting and the participants include, at a minimum, the Intake APM, the Intake Supervisor(s), and if available, the Screener(s) assigned to the report(s) reviewed by the Screening Team. Representatives from other units may be included in a Screening Team meeting at the discretion of the ACM/Designee.

In certain situations, the following staff must be invited and should participate when possible in a Screening Team Meeting. These additional attendees may join by telephone or other remote method and need only attend the relevant section of the meeting:

- For a family with an open case or response: The Supervisor and/or Social Worker assigned to the open case or response and any workers who have current responsibility for or knowledge of the case
- For a closed case: Any workers previously assigned to that case
- For court involved cases: The legal department (for current Care and Protection cases, other protective custody cases, or a current or closed case where parental rights have been terminated)

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

Types of Reports Reviewed

2. At a minimum, the Screening Team reviews and determines a screening decision for any 51A report falling within the following categories:
 - reports on a parent(s)/caregiver(s) or child(ren) involved in a currently open case; and
 - reports that involve 3 separate 51A incidents in 12 months.
3. In addition, the Screening Team reviews and determines a screening decision for any 51A report falling within the following categories when the Screener and Supervisor have not already determined that the report should be screened-in:
 - reports where there is a disagreement between the Screener and the Supervisor about the screening decision;
 - reports recommended to be screened-out when the reviewing APM intends to overturn the decision;
 - reports involving a parent(s)/caregiver(s) or child(ren) as the subject of a response conducted within the last 2 years that did not result in an 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) involved with the Department (or another state’s child welfare system) as a child(ren);
 - reports involving a parent(s) subject to a prior protective custody order and/or Termination of Parental Rights (TPR) in Massachusetts or another state, if known; and/or
 - any other report that the Screener, Intake Supervisor, or APM believes could benefit from Screening Team review and input.
4. Following the Screening Team Meeting, the Screening Team may request the convening of an Area or Regional Clinical Review to further discuss clinical case planning and direction. The scheduling of this review does not delay the screening decision.

Reports on Foster Homes or Caregivers

5. All reports on foster/pre-adoptive homes/caregivers must be reviewed by the Screening Team, including emergency reports. The Screening Team Meeting must include the members of the Cross-Unit team that is convened to discuss safety or clinical concerns in a foster/pre-adoptive home and a SIU representative. These additional attendees may join by telephone or other remote method and need only attend the relevant section of the meeting. At the meeting, the attendees determine a screening decision and determine and coordinate an appropriate response, which may include activities for Intake, SIU, Ongoing, and Family Resource staff. (See: Licensing of Foster/Pre-Adoptive Homes Policy) The meeting may occur at the same time or following an emergency response in order to comply with the timelines and procedures for an emergency response.
6. A Screening Team and Cross-Unit Team Meeting must occur when it is determined during a 51B Response that the alleged perpetrator is a foster/pre-adoptive parent.

Request Additional Time

7. 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. The manager in the Screening Team Meeting approves the request and documents the decision and reason(s) in the electronic record.

I. PROCEDURES: HOLD CLINICAL REVIEWS WHEN REQUIRED

- Clinical Reviews** 1. Clinical Reviews involve a critical examination of prior history, current functioning, collateral reports, assessments and other available information. The meeting is an opportunity for divergent perspectives to be shared and integrated into decision-making. It also provides a process to identify what information still needs to be gathered about the family that would add to the understanding of existing challenges and potential solutions.

Clinical Reviews broaden the support available to staff by:

- discussing the risks to the safety, permanency and well-being of the child(ren);
- identifying resources that might be utilized to mitigate those risks and stabilize the situation; and
- related decision-making.

When a Clinical Review involves a family with an open case/response, the assigned Social Worker, Supervisor and APM are invited to attend the Review.

The convening manager of the Clinical Reviews documents the meeting in the electronic record.

- Three in Three Reports** 2. In accordance with MGL 119 § 51B(r), there is a Regional Clinical Review when three or more 51A reports involving separate incidents have been filed on any child in a family within a three-month time period, regardless of whether the reports were screened in or out.

When a Screener determines that a report meets this threshold, they notify the Intake Supervisor and APM. The APM contacts the Regional Office to schedule the review.

- Three in Twelve Reports** 3. In accordance with MGL 119 § 51B(r), there is an Area Clinical Review when three 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 meets this threshold, they notify the daily Screening Team Meeting and the AD. The ACM/Designee initiates further review by convening the Area Clinical Review. A Screening Team meeting may be used in place of an Area Clinical Review if determined by the Area Clinical Manager/designee.

J. PROCEDURES: MAKE THE SCREENING DECISION

The Screener determines a screening outcome as follows:

- Screen In Emergency Response** 1. 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 consults with the Supervisor if there is any indication that the reported situation may be an emergency. The Screener and the Supervisor together determine if the situation constitutes an emergency. The Supervisor immediately arranges for the report to be assigned for an emergency response and informs the manager responsible for intake that the emergency response is initiated.

During non-working hours: When an after-hours Screener receives a report that may warrant an emergency response, they consult with the OCS. The OCS determines if an emergency response is necessary and an ERW is assigned.

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| Screen In Non-Emergency Response | 2. 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 and/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. The response is initiated according to time frames below. |
| Screen Out | 3. This is a determination that: <ul style="list-style-type: none"> • the report received 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 and/or human trafficking; and/or • the specific injury or specific situation being reported is so dated that it has no bearing on the current risk to the reported or other child(ren); and/or • the report is for maternal use of appropriately prescribed medication, which can be verified by a qualified medical or other provider, that resulted in a SEN(s) and there are no other protective concerns, including concerns about additional drug use. |
| Invalid Allegation | 4. 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) in the electronic record. |
| Document and Approve Screening Decision | 5. The Screener documents the recommended decision and prepares a summary of the decision. They forward the completed 51A report to the Intake Supervisor for review.
The Supervisor reviews the screening decision and adds comments as needed. They assign screened in reports to a Response Worker or Supervisor and forward screened out reports to the AD/Designee.

The AD/Designee approves or reverses screened out reports and add comments as needed. |
| Complete Required Referrals for Screened Out Reports | 6. When a screened out report was made by a Mandated Reporter, the Screener sends written notice of the decision to the Mandated Reporter.

7. When a report is screened out and there is an open case, the currently assigned Social Worker, in consultation with the Supervisor, determines whether the risk level for the child(ren) has changed in light of the information contained in the allegation or any information learned during Screening. They make any necessary updates or adjustments to the Family Assessment and Action Plan. |
| Safe Haven Referral | 8. 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 gathers 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. If there is information indicating other issues of abuse or neglect, the report is screened in for a |

response. Otherwise, the report is screened out and the case is opened as a Safe Haven Voluntary Application for Services.

Reports Requiring Non-Response Related Follow Up

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

K. PROCEDURES: DETERMINE RESPONSIBILITY FOR RESPONSE:

Determine Responsibility for Response

1. Generally, the Area Office responsible for the city or town in which the reported child resides is responsible for responding to the screened-in report.
2. For Reports on Open Cases: The Area Office that has primary responsibility for the open case is responsible for the response
3. For Reports on Open Responses: If a subsequent report is screened-in involving a child(ren) or caregiver(s) who is currently the subject of a 51B response in process, the assigned Response Worker incorporates the subsequent report into their 51B response.
4. For Reports on Institutional Settings or Foster Homes: Responses to these reports are directed by the [51As in Institutional Settings Policy](#) or by the Director of the Central Office Special Investigations Unit (SIU).

Request Assistance from Another Office

5. An Area Office may request the assistance of another Area Office to conduct in-person response activities (e.g. home visits, interviews of parent(s)/caregivers or child(ren) or viewing child(ren)) when the nature of the allegations and the safety of the child(ren) requires immediate intervention, and the parent(s)/caregivers or child(ren) are physically located outside the primary area office catchment area.

When an Area Office receives such a request, they may assign a secondary Response Worker to assist. If there is disagreement between Area Offices regarding the request, the Area Directors for both offices are immediately notified and make a determination regarding the request. If an Area Director is unavailable, the request is sent to the Regional Director.

When a secondary response worker is assigned, the response worker from the area office where the case is open or where the family resides remains the primary worker. Response activities are coordinated between both Area Offices, including with the currently assigned Social Worker if there is an open case. Both Area Offices work collaboratively to ensure the safety of the child(ren) and family.

Conflict of Interest Cases

6. For Reports on Department Employees or Their Relative/Household Members, Area Board Members, or Citizen, Family or Youth Advisory Board Members: If it is determined in the response that the report alleges abuse or neglect by one of these individuals, the report is 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](#))
7. If it is determined in the response that the report alleges abuse or neglect by someone with another personal or professional relationship with staff in the Area Office not otherwise covered by the categories previously identified (e.g., police officer, school personnel, medical personnel, staff member of a contract provider), the Response Worker and Supervisor **immediately** notify the APM and AD.

Together, in conjunction with the Response Worker if one has been assigned, they decide if the response should be completed by the Area Office with appropriate confidentiality measures or referred to another Area Office or the SIU for

completion. The APM and AD document the confidential measures identified in the electronic record.

Factors to consider that would warrant another Area Office screening the report include whether the person works in the catchment area of the Area Office; whether the person has regular professional contact with staff of the Area Office; and whether the person has a close personal relationship with staff of the Area Office or the role of the staff person in the agency.

L. PROCEDURES: COMPLETE THE RESPONSE WITHIN REQUIRED TIME FRAMES

For purposes of determining applicable timeframes, Response Time Frames begin when the report is received, not when the Response Worker is assigned. Response Workers are assigned immediately following a Screen-In decision. In calculating working days, the day after the report is received is counted as the first working day.

Response Activity Time Frames		
Required Activity	Emergency Response	Non-Emergency Response
Visit the Reported Child(ren)	As soon as possible within 2 to 4 hours of receiving a report. <i>When determining how soon to respond within this timeframe factors that must be considered include alleged perpetrator access and any imminent safety threats to reported/non-reported children.</i>	As soon as possible and not longer than within 3 working days
Visit and Interview All Child(ren) and Initiate Safety and Custody Determinations	Within 24 hours of receiving a 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 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	Within 3 working days
Complete Other Response Activities and 51B Report	Within 5 working days	Within 15 working days

Request Additional Time

- For Non-Emergency Responses only, additional time of up to 5 working days is granted with the approval of the AD/Designee in the following limited circumstances:
 - The Response Worker is waiting for completion of a SAIN interview. A second extension for this purpose may be up to 5 working days (10 working days total) upon request
 - The Response Worker is waiting for pertinent medical information or lab test that is needed to make a response decision;
 - A new 51A report has been received with new/different allegations;
 - At the request of the District Attorney or law enforcement; and/or
 - The family's location is known but they are currently out of the state or the country and will not return within the response period.

M. PROCEDURES: DETERMINE CHILD SAFETY

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

These procedures apply to responses conducted during regular business hours and to responses conducted after-hours.

Assessing Child Safety

1. During the response, the Response Worker continually assesses whether there are immediate threats to child safety that require out-of-home placement or whether a safety plan can be developed to enable child(ren) to remain with a parent/caregiver. The Response Worker considers 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.

Removing Child(ren)

2. 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; and
 - reasonable efforts to prevent the removal have been considered and are not sufficient to mitigate the risk of harm to the child(ren).

3. If an emergency placement is made, an 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 Policy](#)).

N. PROCEDURES: PREPARE FOR THE RESPONSE

Review Information

1. The Response Worker reviews information gathered during screening including:
 - information from the Reporter,
 - information from collaterals,
 - information from current and previous workers,
 - information from child welfare history,
 - CORI and SORI information, and
 - local law enforcement responses.
2. The Response Worker contacts 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 documents in the electronic record any information obtained from the Reporter. If the Response Worker is unable to reach the Reporter, the Response Worker documents this in the electronic record.

Collaborate on an Open Case

3. The Response Worker and the Social Worker assigned to the open case, and their respective supervisors plan a collaborative response to the 51A report before contacting the family. The collaborative plan addresses:
 - 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.

Collaborate on Responses to Foster Homes

4. The Response Worker/SIU Worker plan a collaborative response with the Family Resource Worker and the Social Worker for any children placed in the home. The collaborative plan includes recommendations made in the Screening Team Meeting/Cross Unit Meeting and addresses:
 - how and when the children will be seen (in conformity with required timelines);
 - the coordination of activities across units including communication with foster parents.

[\(See: Licensing of Foster/Pre-Adoptive Homes Policy, 51As in Institutional Settings Policy\)](#)

Request Assistance from Local Law Enforcement as needed

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

Discontinue a Response

6. If the Response Worker obtains information during the response which 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 APM to discontinue the response. The APM approves the request, and the Response Worker ceases response activities and enters a decision of Unsupport into the electronic record.

O. PROCEDURES: GATHER INFORMATION FROM THE FAMILY

**Contact
Parent(s) or
Caregiver(s)**

1. The Response Worker contacts and interviews 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 is approved by the Supervisor, and the Response Worker documents the reason(s) for the decision in the electronic record.

During the first in-person contact and interview with the parent(s)/caregiver(s), the Response Worker explains the allegations, the response process, and provides 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 inquires about any communication barriers the parent(s)/caregiver(s) may have in responding to Department inquiries and whether they would benefit from special assistance such as a translator or sign language interpreter to facilitate any interviews or exchanges with the Department

NOTE: *It is important to consider language issues and any/all conditions (such as neurological, hearing or visual impairment) that may limit the parent(s)/caregiver(s)'s ability to respond, read forms, and sign releases.*

Visit the Home

2. The Response Worker visits the home and discusses the alleged abuse or neglect with the parent(s)/caregiver(s) to determine whether the abuse or neglect has occurred and the impact on the risk to and safety and well-being of the child(ren). If applicable, the Response Worker should discuss with the family the availability of relatives/kin for placement and visitation.

Any decision not to visit the residence of the child(ren) is approved by the Supervisor. The Response Worker documents the reasons for the decision in the electronic record.

3. On Open Cases: The Response Worker conducts the visit with the current Social Worker except in circumstances when a joint is not recommended due to clinical concerns or due to scheduling conflicts.

**Visit and
Interview
Reported
Child(ren)**

4. The Response Worker conducts an in-person visit with the child(ren) who is the subject of the response. In most situations, the visit and the interview occurs simultaneously. There may be special circumstances where the interview may occur a short time after the face-to-face visit. The Response Worker interviews all children who are the subject of the response. 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 has already disclosed to a professional a sufficiently detailed account of the injury or condition and for whom additional disclosure or interviewing would be damaging; and
- 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) is made in consultation with the Supervisor. The Response Worker documents the reasons for the decision in the electronic record.

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

injuries. When interviewing and visiting with the reported child(ren), the Response Worker pays 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 to 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.*

Interview Non-Reported Children

6. When the Response Worker identifies a non-reported injury or some other condition for concern for the reported child(ren), the Response Worker documents the injury or condition in the electronic record and addresses it during the Response. The Response Worker is not required to file a new report.
7. The Response Worker determines the condition of all non-reported child(ren) in the household by visiting and interviewing them as appropriate to their age and development. If the Response Worker is unable to see and interview the non-reported child(ren), the Response Worker determines the condition of the non-reported child(ren) through contacts with the parent(s)/caregiver(s) and/or collateral contacts.
8. The Response Worker files a new report on the specific child(ren) if a condition of abuse or neglect is identified for any non-reported child(ren).

Determine Action when Child(ren) are not Visited

9. When a person or family prevents the Response Worker from visiting or interviewing a reported or non-reported child(ren), the Response Worker immediately informs the Supervisor and APM. The Response Worker and the Supervisor consult with the legal department to determine if legal action may be warranted. The Response Worker documents the consultation in the electronic record.
10. If the Department is not able to complete a 51B response because the child(ren) or caregiver(s) who are named in the 51A Report are unable to be located, the Response Worker and Supervisor consult with the APM and the legal department to discuss whether the concerns alleged in the 51A warrant legal action. The Response Worker documents the consultation in the electronic record.

P. PROCEDURES: GATHER ADDITIONAL INFORMATION

Contact Collaterals

1. In consultation with the family, the Response Worker identifies collaterals who have additional, relevant information about the family or the incident. This includes contacting any other person who lives in the household where the child(ren) resides or who is otherwise connected to the allegation. Any decision to not contact a household member is approved by the Supervisor and documented in the electronic record. 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.

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

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

2. For Open Cases: 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.
3. The Response Worker may conduct an online search as laid out in Procedure F. They document relevant information gathered in the electronic record.
4. If CORI and SORI checks were not completed during screening or a new person(s) is identified during the response, the Response Worker requests or conducts a CORI, SORI and national criminal record check as laid out in Procedure F.
5. The Response Worker contacts local law enforcement and requests further information as needed to assist in assessing danger and risk to the child(ren) and/or the worker, including information about any newly identified addresses. The Response Worker completes the request as laid out in Procedure F.
6. 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.
7. The Response Worker contacts any person alleged to be responsible for the incident(s) of abuse or neglect in the report or discovered during the response. If the police or District Attorney are currently investigating the incident, the Response Worker consults with law enforcement before contacting the alleged perpetrator. If the alleged perpetrator has been arrested as a result of the incident(s) or injury(ies) reported, the Response Worker obtains permission from their attorney before conducting any interview.

Conduct an Online Search if needed

Conduct CORI and SORI Checks if needed

Request Information from Local Law Enforcement

Seek Clinical Consultation as needed

Interview the Person(s) Alleged Responsible

The Response Worker explains the allegations and the response process, provides the written letter notifying the alleged perpetrator of the report of abuse or neglect, and provides them with A Family's Guide to Protective Services for Children. They gather any information that the alleged perpetrator may have about the allegation of abuse or neglect and documents this information in the electronic record.

Q. PROCEDURES: ASSESS PROTECTIVE FACTORS AND RISK

Assessing Protective Factors

1. The Response Worker assesses 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. The assessment is documented in the electronic record. In making the assessment, the Response Worker considers 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)?

Assessing Risk

2. Prior to concluding a response, the Response Worker completes the Department's risk assessment tool based on the information gathered in the course of the response. The Response Worker may ask the family to participate in completing the risk assessment tool. The Response Worker considers 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 by the Department
 - 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
3. For 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 considers 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

R. PROCEDURES: MAKE THE RESPONSE DECISION

Determine the Response Outcome

1. 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 the following:
 - A finding on the reported allegation(s) or discovered conditions, including a finding on any person(s) responsible, AND
 - Whether Department intervention is necessary to safeguard child safety and well-being and mitigate identified risks. Circumstances to consider when determining if intervention is necessary include: the role of the alleged perpetrator; the current and potential threat posed by the alleged perpetrator; and the parent(s)/caregiver(s) actions and ability to maintain safety.

A Response Worker, Supervisor and/or manager may consult with a regional clinical specialist, if needed, to inform decision-making.
2. When there are conflicts or disagreements between the Response Worker and the Supervisor on response outcome, the APM is consulted and is responsible for final decision-making. The APM documents the final decision.
3. 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 APM over Intake Unit 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		
Support	Substantiated Concern	Unsupport
<p>There is reasonable cause to believe that a child(ren) was, or is at substantial risk of being, abused and/or neglected; AND</p> <p>The actions or inactions by the parent(s)/caregiver(s) place the child(ren) in danger or present substantial risk to the child(ren)'s safety or well-being; OR</p> <p>A person was responsible for the child(ren) being a victim of sexual exploitation and/or human trafficking.</p>	<p>There is reasonable cause to believe that a child(ren) was neglected; AND</p> <p>The actions or inactions by the parent(s)/caregiver(s) create moderate risk and there is a presence of contributing factors that increase the likelihood of being neglected.</p> <p>In making a Substantiated Concern determination consider whether parental capacities need strengthening to avoid future abuse or neglect.</p>	<p>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</p> <p>The person believed to be responsible for the abuse or neglect was not a caregiver, unless the abuse or neglect involves sexual exploitation and/or human trafficking where the caregiver distinction is not applied.</p>
Person Responsible/Central Registry Finding		
<p>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.</p>	<p>No alleged perpetrator is named to the Department's Central Registry (or Registry of Alleged Perpetrators, even when the report was referred to the District Attorney).</p>	<p>No alleged perpetrator is named to the Department's Central Registry (or Registry of Alleged Perpetrators, even when the report was referred to the District Attorney).</p>
Department Intervention		
<p>Department intervention is needed to safeguard the child(ren)'s safety and well-being with one of the following results:</p> <ul style="list-style-type: none"> o a new case is opened (see Family Assessment and Action Planning Policy); or o In limited circumstances, with approval from a manager, the Department may determine that intervention is not necessary. 	<p>Department intervention is needed to safeguard the child(ren)'s safety and well-being with one of the following results:</p> <ul style="list-style-type: none"> o a new case is opened (see Family Assessment and Action Planning Policy); or o In limited circumstances, with approval from a manager, the Department may determine that intervention is not necessary. 	<p>Department intervention is not needed to safeguard the child(ren)'s safety and well-being, however:</p> <ul style="list-style-type: none"> o the family may apply for voluntary services from the Department and/or o the Department may refer the family for services in the community if needed.

Document and Approve the Response Decision

4. The Response Worker documents for each child and allegation a series of decisions and findings which 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 safely parent
 - any immediate actions that will be taken to establish and maintain child safety

- any other actions needed to support child safety and well-being and strengthen parental capacities
- a summary of the basis for the Department’s disposition of the report

The Response Worker forwards the completed response report to the Intake Supervisor.

5. The Intake Supervisor reviews, provides comments, and approves the response decision. For any finding that will require a new case to be opened (“Support” or “Substantiated Concern”), the Supervisor forwards the response, including any physical documentation to the Case Assignment Manager. For any finding that will not require a new case to be opened, the Supervisor forwards the response, including any physical documentation, to the AD/Designee for review and approval.
6. The AD/Designee approves or reverses the response decision and any District Attorney Referral recommendations. The AD/Designee adds comments as needed and notifies the Intake Supervisor when a response decision is changed.
7. 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 Action Plan and/or a change to existing interventions/services.

Follow Up on Open Cases

S. PROCEDURES: COMPLETE NOTIFICATIONS AND REFERRALS

Notify Parent(s)/ Caregiver(s)

1. The Response Worker sends written notice of the outcome 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.

Notify Mandated Reporter

2. If the source of the report was a mandated reporter, the Response Worker sends to the Reporter a copy of the outcome notice sent to the family.

Refer to the District Attorney as needed

3. The Response Worker, in consultation with the Supervisor, determines 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. If a referral is warranted and no referral was made during screening, the Response Worker completes a referral to the District Attorney and local law enforcement. The AD/Designee reviews 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 includes a copy of the 51A report and the 51B response documents.

If a referral to the District Attorney or local law enforcement was made during the screening process, a copy of the 51B is forwarded to the applicable District Attorney and local law enforcement.

Notify Alleged Perpetrator

4. The Response Worker sends 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 includes 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 their parent(s) and/or guardian(s).

Central Registry Listing: The Response Worker sends 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: The AD/Designee provides written notice to each alleged perpetrator that their name will be maintained on the Registry of Alleged Perpetrators **within 20 working days** after the date the response is completed.

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

Notify Others when the Report is Unsupported

5. When a response is unsupported, the Response Worker sends a copy of the outcome notice to each person contacted during the response unless the individual who had been alleged to be responsible requests that notice not be sent.

Make Early Intervention Referral

6. When there is a Support or Substantiated Concern finding involving a child under age 3, the Response Worker completes a mandatory Early Intervention referral for the child. The Response Worker informs the parent(s)/caregiver(s) of this federally required referral in writing. (See [Early Intervention Referral Policy](#))

Review Support Decisions

7. 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 previously closed cases)	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
<i>Foster Homes:</i> 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

T: PROCEDURES: RESPONDING TO REPORTS THAT CROSS STATE LINES

The Commissioner’s designee shares 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.

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

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, screens the report and responds in accordance with the Department's Protective Intake Policy.

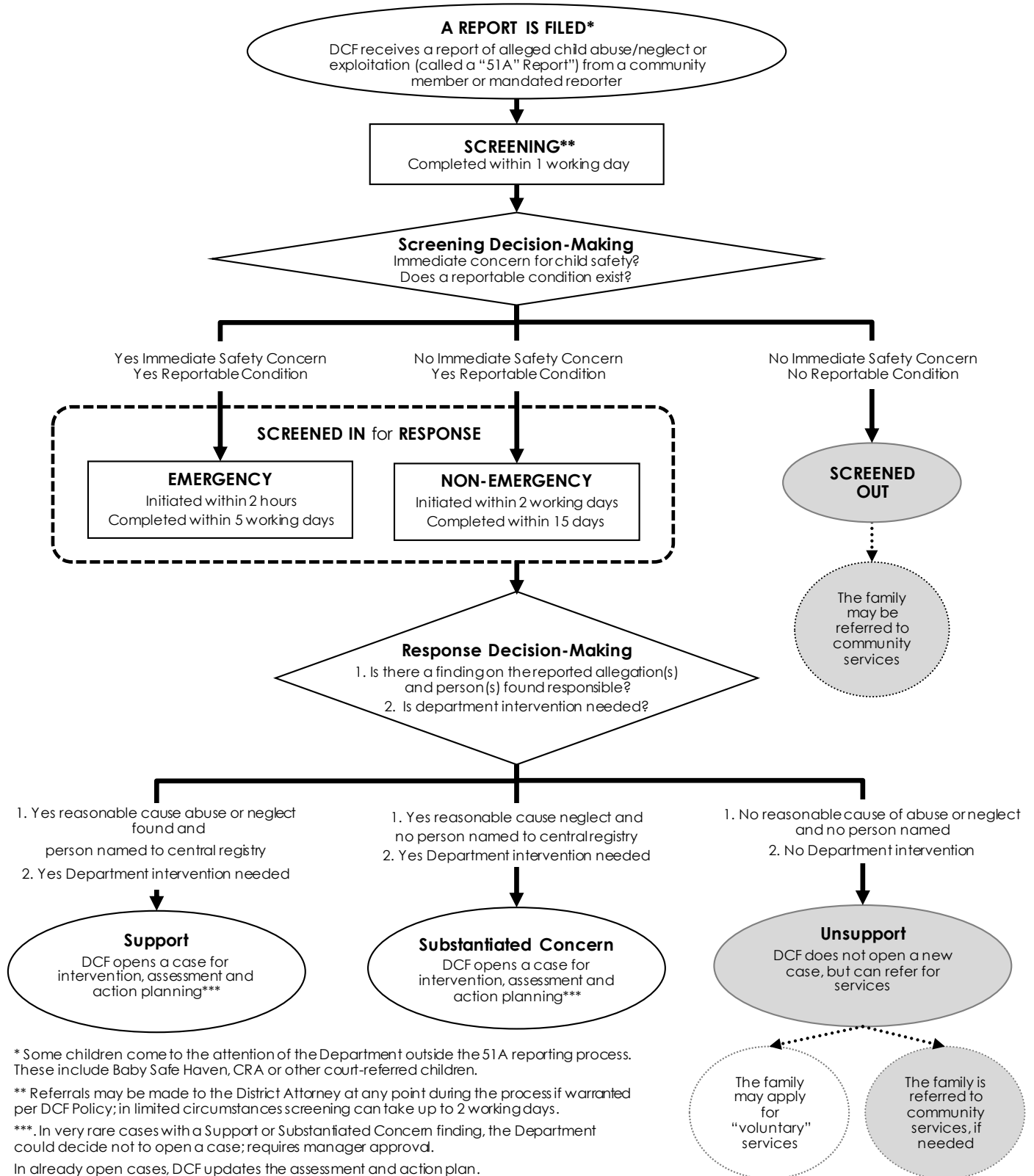
When necessary to support the child(ren)'s safety and well-being, the Department shares the report and the outcome of any response with the state agency responsible for child protective services in the child(ren)'s home state.

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 or Substantiated Concern 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.

APPENDIX B: Protective Intake Clinical Guide

The following guidance is intended to support staff in obtaining information about types of allegations received by the Department. Specific factors should be looked at in the context of the all information gathered and not in isolation because one factor may mitigate or elevate risk from another.

SCREENING

The gathering of detailed information when receiving an allegation helps to inform appropriate decision making at the point of a screening decision. The following factors and corresponding example questions may be used when screening a report of child abuse or neglect.

1. Domestic Violence - Are you aware of any violence or abuse between the parent/caregiver(s)? If yes:
 - Are the adult victim and child(ren) safe right now?
 - What are the specific abusive/violent behaviors that have you concerned?
 - Are you able to help set up a private meeting with the adult victim? If not, do you know of any collaterals who may be able to help (or any other way) to privately contact the adult victim?
2. Mental/Behavioral Health - Are you aware if the parent/caregiver(s) are experiencing any mental/behavioral health challenges? If yes:
 - What symptom/behavior is the parent/caregiver exhibiting and how are these behaviors affecting the child(ren)'s safety and well-being?
 - Does the parent/caregiver have a mental health diagnosis?
 - Are there any current concerns about suicidality? Are you aware of any past suicide attempts?
 - Does the parent/caregiver have a history of violence?
 - Does the parent/caregiver have access to weapons?
3. Substance Use/Misuse - Are you aware of any alcohol/drug use/misuse by the parent/caregivers? If yes:
 - What are the specific concerns about the caregiver's use of alcohol and/or drugs?
 - How does the caregiver's use of alcohol and/or drugs affect the child(ren)'s safety and well-being?
 - What is the primary substance being used? Do you have any concerns about overdose?
 - Is there someone who may know more about the parent/caregiver's substance use/misuse?
4. Plans of Safe Care (PoSC) - If the reported allegation is related to a substance exposed newborn (SEN) or neonatal abstinence syndrome (NAS), the initial report to the Department is the only time that information can be gathered from a provider without a release of information. PoSC information is organized by and can be obtained from the parent/caregiver's provider.

Is the provider aware of an existing PoSC for the mother and newborn?

 - If yes – identify the provider who developed the plan and request a copy of the plan be provided to DCF (if a signed release exists).
 - If no – recommend that the provider/reporter coordinate the development of a PoSC with the mother.
 - If unknown/unfamiliar with PoSC: recommend that the provider/reporter find guidance and forms on the Massachusetts Department of Public Health website.

Questions to ask substance abuse treatment providers regarding the existing PoSC:

 - How long has the parent/caregiver been under your care and what treatment are they receiving?
 - Describe the parent/caregiver's engagement (progress or regression) in treatment?
 - Describe the parent/caregiver's relapse prevention plan?
 - Are there referral services provided for the child(ren) to address addiction/treatment/recovery?
5. Medical - Are you aware of the child(ren) having any acute or chronic medical condition? If yes:
 - What is the condition?
 - Do you have any concerns about the parent/caregiver's ability to meet the child(ren)'s medical needs and describe those concerns?

- Are you aware of any medications prescribed for the child(ren)? Do you know if the medication regimen is being followed by the parent/caregiver(s)?
 - Are there barriers facing the parent/caregiver(s) in meeting the medical needs of the child(ren)?
6. Homelessness - Are you aware if the family is experiencing housing instability and/or homelessness? If yes:
- Where is the family residing currently? If multiple locations, please provide location information.
 - Is the family housed in a night to night situation?
 - Is the family in a shelter and if yes, is it a short- or long-term shelter placement?
 - Is the family's housing crisis interfering with the child(ren)'s school attendance?
 - Do you know the cause(s) of the family's housing instability/homelessness?
7. Homeless or Runaway Youth - Are you aware if the youth has run away from home and/or is homeless? If yes:
- Is there an identified safe caregiver and if yes, is the youth residing with them?
 - Where is the youth sleeping at night? (night to night arrangements is considered homeless)
 - Where is the youth securing food?
 - Where is the youth accessing seasonally appropriate clothes?
8. Human Trafficking: Commercial Sexual Exploitation of Children (CSEC) - Are you concerned about the parent/caregiver or any adult exploiting the child(ren)? If yes:
- Does the child(ren) have a history of sexual abuse, exploitation or human trafficking?
 - Does the child(ren) have a history of running away and/or a current pattern of running away?
 - Does the child(ren) have a history of school truancy and/or current pattern of truancy?
 - Is there someone who appears to be controlling/exploit the child(ren)?

Note to Screener: A District Attorney (DA) referral needs to be made immediately upon receiving an allegation of human trafficking regardless of screening decision. Local law enforcement may be investigating activity related to human trafficking and could benefit from any information received from CSEC) allegation.

A CSEC allegation is screened in for response when the risk of exploitation is identified. The parent/caregiver requirement, as defined in sexual abuse, is excluded in an allegation of human trafficking.

RESPONSE

The goal of the response is to determine if an allegation of abuse or neglect is valid, and to understand the impact the reported allegation may have on the parent/caregiver's ability to provide for the child(ren)'s safety and well-being. The following are **example questions** related to specific allegations and may be helpful when gathering more detailed information to assess whether or not the child(ren) has been abused or neglected, and if Department intervention is necessary.

1. Domestic Violence

Examples questions to ask the non-offending parent/caregiver:

- What do the children do when there is arguing/violence happening?
- How has the violence affected the child(ren)?
- How do you think your partner will respond to intervention and mediation?

Examples questions to ask the offending parent/caregiver:

- In thinking about your children, what are you worried about?
- What do you think your children might be worried about?
- What are some of the best things about your relationship?
- What about your relationship would you like to change?
- What do the children do when you and your partner argue?

Examples questions to ask collaterals and other supportive adults:

- Are there signs that the domestic violence may escalate to violent acts against the child(ren)?
- Are you aware of any changes in the children's behavior or development?
- Are there signs that the domestic violence has impacted the children's emotional functioning - if yes, describe?

Example questions to ask child(ren) making sure to adapt based on age/development (or to ask other family members for their perspectives on the child(ren)'s views):

- What happens in your house when the grown-ups argue or fight?
- Do you ever feel scared when your parents/grown-ups fight?
- When you are scared what helps you feel less afraid/anxious?
- What are some of your favorite things to do with your parent(s)?

2. Mental/Behavioral Health

Areas to consider when assessing parent/caregiver's physical presentation, mental status and home environment:

- Does the parent/caregiver presentation and/or the condition of the(ir) home raise any concern?
- What about the parent/caregiver's physical appearance raises concerns about the child(ren)'s safety and well-being?
- What about the condition of the home environment raises concerns about the child(ren)'s safety and well-being?
- In what ways might a disability (e.g. intellectual, physical and/or developmental), trauma, mental illness, substance use or current safety issues (e.g. community violence, domestic violence) contribute to the presentation?
- Does the parent have any medical issues that currently impact their ability to take care of the child(ren)? If yes, how does the parent cope when those medical issues get in the way? Are there existing social supports for the parent?

3. Substance Use/Misuse

Examples questions to ask parents/caregivers to help assess their substance use/misuse:

- How would you define safe use of alcohol?
- How does your family view alcohol and/or drug use?
- How do you think your children view your alcohol or drug use?
- What do you want your child(ren) to know or understand about alcohol and/or drugs?
- What concerns do you have for your child(ren) regarding alcohol and drugs?
- How have you used alcohol and/or drugs in the past?
- Describe your current use of alcohol and/or drugs (including prescription medications).
- Do you have any concerns that alcohol and drugs are currently impacting your family?
- Can you describe a time when you used more alcohol or drugs than you intended?
- Have you engaged in treatment for your alcohol or drug use?
- How has alcohol or drug use played a role in the current reason for the Department's involvement or in past Department involvement?
- Have your children expressed any concerns about alcohol or drug use in your home, and if so what?
- In what ways do you think the care of your children may have been affected by alcohol/drug use/misuse?

Example questions to ask child(ren) making sure to adapt based on child(ren)'s age/development (or to ask other family members for their perspectives on the child(ren)'s views):

- Is there ever a time when you worry about your parent/caregiver?
- Do you know what alcohol/drugs are?
- Has your parent/caregiver talked to you about alcohol/drugs?
- Have you ever been worried about the use of alcohol/drugs by your parents/caregivers?
- If someone in your house used alcohol/drugs, what was that like for you? What did you do?

- Have you, or your siblings, ever been scared or gotten hurt when someone in your house was using alcohol/drugs?
- Have you ever been worried about getting into a car with your parent/caregiver?
- Who can you go to if you feel unsafe? How have they been helpful?

Examples questions to ask treatment collaterals (with an appropriate release) if not asked during screening of the allegation:

- How long has the individual(s) been under your care and what treatment are they receiving?
- Can you describe the individual's engagement in treatment?
- What are the treatment plan goals and what is their progress (or lack thereof) toward these goals?
- To the best of your knowledge, has this individual abstained from using, for what period of time and has this been documented through drug screens?
- Has the individual been educated about relapse, do they have a relapse prevention plan and can you describe their relapse prevention plan?
- Has a safety plan been put in place that addresses the safety of the child(ren) in the event of a relapse and if yes describe?
- What are the referral services provided for the child(ren) to address addiction/treatment/recovery?
- Is the individual in need of other treatment supports?
- Do you have any additional concerns?

4. Substance Exposed Newborn and Neonatal Abstinence Syndrome and Plans of Safe Care

Is there a current Plan of Safe Care (PoSC)?

- If yes: Obtain a copy from the Department's record generated at screening OR Obtain a copy from the mother or the provider who developed the PoSC with the mother (a signed release is necessary) AND Discuss the PoSC with mother (and provider if possible) to understand how the plan contributes to the mother's capacity to provide for the safety and well-being of her child(ren).
- If no: Discusses with provider(s) the importance of developing a PoSC with the mother
- If unknown/unfamiliar with PoSC process: recommend the provider/reporter find guidance and forms on the *Massachusetts Department of Public Health website*.

If a PoSC exists prior to the current reported allegation, and a protective case is open with the Department, the Ongoing Social Worker uses the existing plan to inform the Family Assessment and Action Plan. The Ongoing Social Worker works collaboratively with the parent and treatment/health provider to develop the Action Plan.

Examples questions to ask medical providers and other health/treatment collaterals:

- medical condition and general health of the newborn including any medical diagnosis; genetic or congenital abnormality; infectious diseases; and/or prematurity
- signs of newborn withdrawal
- newborn's presentation including body weight; appetite and feeding; and the newborn's ability to be comforted;
- toxicology results (including meconium) of newborn and/or mother;
- recommendations regarding safety of breastfeeding;
- anticipated length of stay of the newborn in the hospital and/or plans to transfer to a specialty facility;
- interactions between the parent(s) and the newborn, including visiting schedule and care of the infant;
- medical condition of the mother including any medication prescribed while inpatient at the hospital;
- services that may be needed and referrals made (e.g. Early Intervention, WIC or Visiting Nurses)

5. Medical

Example questions to ask medical provider when assessing child(ren)'s health:

- Is the child up to date with immunizations, well-care visits and follow up appointments?
- Have you had concerns about abuse or neglect of the child previously and if yes, when and what were the concerns?
- Do you have any concerns about how the parent manages the child's medical care and if yes, what are the concerns and impact on the child?

- Does the child have injuries that you believe are due to non-accidental trauma and if yes, what are the injuries?
- Describe the interaction between the parent and the child and if there are concerns about any of the interactions?
- Have you ever had any concerns about domestic violence, substance abuse, or mental health challenges with the parent/caretakers?

6. Homeless or Runaway Youth

Examples of questions to ask youth about their experiences:

- What adult is responsible to make sure you have food/clothes and a place to sleep and do you live with that adult? If there is no one, where do you sleep and how long can you stay there? Where do you eat?
- How do you get money to provide for your needs? What do you do while on the run to meet your need for food, shelter and other daily necessities?
- Are you pregnant or parenting?
- Are you able to attend school regularly?
- Were you asked to leave where you were living, or did you want to leave?
- Have you been rejected or asked to leave your home because of your gender identity, gender expression or sexual orientation?

7. Human Trafficking: Commercial Sexual Exploitation of Children (CSEC)

Behaviors that could indicate child sexual exploitation include:

- Child/youth with adult partner(s) who appears to control/speak for child/youth.
- Unexplained gifts/excessive cash; multiple/new phones
- New/provocative clothing
- Tattoos/branding
- Drug use (suspected or known)
- School truancy
- Chronic running away
- Multiple STI's, pregnancies, abortions, miscarriages
- Gang involvement (suspected or known)
- Signs of physical abuse
- Sexually explicit social media presence/pages
- False/multiple ID documents
- Chronic running away
- Showing signs of physical injuries and abuse
- Gang involvement

When a 51A report alleges a sexually exploited child, immediate referral to the District Attorney and local law enforcement authority is required to facilitate active investigation of the alleged perpetrator/trafficker and trafficking activity in that jurisdiction and early coordination of the Department's collaborative response with the Children's Advocacy Center (CAC) coordinator and consultation with the multidisciplinary team (MDT).