

<b>DCF</b>	<b>COMMONWEALTH OF MASSACHUSETTS ~ DEPARTMENT OF CHILDREN AND FAMILIES</b>	
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## PROTECTIVE INTAKE POLICY

### Table of Contents

<b>I. Policy</b>	<b>2</b>
<b>II. Procedures</b>	<b>2</b>
A. Definitions	2
B. Roles and Responsibilities	7
C. Language Access	9
D. Determine Responsibility for Screening	9
E. Complete Screening within Appropriate Time Frames	10
F. Gather Information from the Reporter for Screening	11
G. Gather Information from Other Sources for Screening	13
H. Complete District Attorney and Local Law Enforcement Referrals	14
I. Conduct Screening Team Meetings	15
J. Hold Clinical Reviews When Required	16
K. Make the Screening Decision	17
L. Determine Responsibility for Response	18
M. Complete the Response within Required Time Frames	19
N. Prepare for the Response	20
O. Gather Information from the Family	21
P. Gather Additional Information	23
Q. Assessment of Danger, Safety, and Risk	24
R. Make the Response Decision	27
S. Complete Notifications and Referrals	29
T. Responding to Reports That Cross State Lines	30
<b>III. Appendices</b>	
<b>Appendix A – What Happens When DCF Receives a 51A Report?</b>	<b>32</b>
<b>Appendix B – Practice Guidance: Use of Invalid Allegation Screen Out Decision</b>	<b>33</b>

## I. POLICY

The Department of Children and Families (the Department) receives and responds to reports of child abuse, neglect, sexual exploitation, and/or human trafficking in Massachusetts. The Department maintains a 24-hour protective intake system to receive and respond to reports from mandated reporters and others. When the Department receives a report, the Department reviews the information and engages families to assess danger and risk to the child(ren)'s safety and well-being, if necessary. If protective concerns are found, the Department works with families to develop a plan to ensure the child(ren)'s safety, permanency, and well-being; and coordinates services as needed.

Protective intake has three stages: (1) screening reports; (2) responding to screened in reports; and (3) making decisions about the involved child(ren)'s safety, permanency, and well-being, and the caregiver(s) responsible for the reported abuse and/or neglect.

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 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 screening and response process, the Department engages the family to learn the composition of the household and understand a family or individual's racial, ethnic, or cultural identity; language(s) spoken; sexual orientation, gender identity and/or gender expression; and/or disability-related service needs including assistance and accommodations. Department staff should adapt their interaction with the family as needed to encourage participation and ensure the Department can form an accurate understanding of danger, safety, and risk which may be present for the child(ren). Open communication and collaboration with families helps the Department evaluate child safety and initiate services to address concerns when warranted. When screening reports and conducting responses, it is important to consider the potential influence of racial, ethnic, cultural, and other biases. All children, parent(s)/caregiver(s), and families must be assessed individually with consideration of their unique characteristics and circumstances.

## 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 childcare setting (including babysitting), a foster home, a group care facility, or any other comparable setting.

The term "caregiver" includes, but is not limited to, teachers, babysitters, school bus drivers, and camp counselors. The "caregiver" definition should be construed broadly and inclusively to encompass any person who, at the time in question, is entrusted with a degree of responsibility for the child. The definition 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. Access to the Central Registry is restricted to those included in 110 CMR 4.37.

**Collateral Contacts** – Contacts made by the Department for the purpose of obtaining, clarifying, or verifying information the Department has gathered or received concerning a family or child.

A collateral contact can be:

- **A professional** – such as a therapist, teacher, doctor, or other mandated reporter acting in their professional capacity.
- **A non-professional** – such as a friend, neighbor, or kin who has been identified as having information about a reported incident of abuse or neglect or about a child(ren), parent/caregiver, and/or family who is the subject of a reported incident.
- **Kin collateral** – an adult who is not the child's parent and who acts now, or may act in the future, in a caregiving role (resides outside of the home). This includes adults who do not live in the home but visit frequently, like a parent's partner.

**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.

**Family Care Plan (formerly Plan of Safe Care)** – A Family Care Plan (FCP) is a federal requirement through the Child Abuse Prevention and Treatment Act (CAPTA). It is a multidisciplinary process that partners families with providers who coordinate access to resources and services which promote the health and well-being of all family members identified as being affected by substance use/misuse. The Family Care Plan is individualized, family-centered, and developed with the parents or other caregivers, as well as the collaborating partners and agencies involved in caring for the infant and family. The purpose of a Family Care Plan is to ensure the safety and well-being of a pregnant person affected by substance use, their infant who has been prenatally exposed to substances, and their family/caregiver(s). It is a document belonging to the family, and its existence does not in and of itself necessitate the filing of a 51A.

**Household Member** – Any individual, regardless of age, who resides in the home or who moves into the home with the intent to make it their residence. In addition, any individual who is temporarily visiting for more than 30 calendar days shall be considered a household member.

**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, sexually explicit performance, and/or family controlled or organized trafficking); and/or
- (2) labor trafficking (e.g., forced services, involuntary servitude, peonage, debt bondage, or slavery).

**Infant with Prenatal Substance Exposure (IPSE)** – A newborn who was exposed to alcohol or other drugs in utero, either through the presence of and/or self-disclosure of the birthing parent. An infant may be prenatally exposed due to misuse of alcohol, non-prescribed substances and/or appropriately prescribed medication for treatment of a substance use disorder or a medical condition. An IPSE may also experience Neonatal Abstinence Syndrome (NAS), which are symptoms experienced by a newborn due to withdrawal syndrome. NAS is a subset of IPSE. Fetal Alcohol Syndrome (FAS) as diagnosed by a qualified licensed medical professional is also a subset of IPSE.

**Mandated Reporter (as defined by MGL c. 119, § 21)** – While any person may 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. A mandated reporter will immediately communicate with the Department orally and will, within 48 hours, file a written report with the Department detailing suspected abuse or neglect if, in their professional capacity, they have reasonable cause to believe that a child is: (i) suffering physical or emotional injury resulting from abuse inflicted upon them which causes harm or substantial risk of harm to the child’s health or welfare including, but not limited to, sexual abuse; (ii) suffering physical or emotional injury resulting from neglect including, but not limited to, malnutrition; (iii) a sexually exploited child; or (iv) a human trafficking victim, as defined by section 20M of chapter 233; provided, however, that an indication of prenatal substance exposure will not solely meet the requirements of this section.

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, and 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 childcare or residential services. This includes staff of childcare resource and referral agencies, voucher management agencies, family childcare providers, and childcare food programs;
- Childcare licensors, such as staff from the Department of Early Education and Care;
- Social workers, foster parents, probation officers, clerk- magistrates 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 ministers or 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. (See [Disability Policy](#) for more information.) Neglect is **not** dependent upon location and can occur while the child is in an out-of-home or in-home setting.

**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 capacities to safely parent their child(ren). Parents or caregivers with disabilities must be assessed on an individualized basis and determinations regarding their parental capacities must be based on objective facts and not on stereotypes or generalizations about individuals with disabilities. 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 identify, 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; 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.

**Plans for Child Safety**– Plans for child safety are developed with caregivers and at least one safe adult and should be updated as needed to address changes in the assessment of danger, safety, and/or risk to the child(ren). Plans for child safety are developed as part of the safety planning process, which includes engaging a caregiver and their supports to identify any danger indicators or safety concerns, assessing protective factors, and determining what, if any, interventions and actions are necessary to ensure immediate child safety and mitigate risk.

**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 under 110 CMR 4.38 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 the 51A 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 caregiver.*

**Reportable Condition** – Information indicating that there is reasonable cause to believe that a child is: (i) suffering physical or emotional injury resulting from abuse inflicted upon them which causes harm or substantial risk of harm to the child's health or welfare including, but not limited to, sexual abuse; (ii) suffering physical or emotional injury resulting from neglect including, but not limited to, malnutrition; (iii) a sexually exploited child; or (iv) a human trafficking victim. An indication of prenatal substance exposure does not solely meet the requirements.

**Residence** – The address where the reported child lives. 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, the primary caregiver is the parent or legal custodian with whom the child spends, or will spend, more time. For shared residences where more than one family shares a single housing unit, residency is established if the child or the child's primary caregiver lives at the address and the family intends and has the ability to remain there. If an unhoused family has been in Massachusetts for less than 30 days, the child's or primary caregiver's residence is 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.

**Risk** – The potential for future harm to a child.

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

**Sexual Abuse** – Any non-accidental act by a caregiver upon a child that constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caregiver and a child for whom the caregiver is responsible; **or** the victimization of a child through sexual exploitation or sex trafficking, regardless of 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.

**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. **Screener** is responsible for:

- screening allegations within the required time frame;
- consulting with their Supervisor and other staff on assessment and decision-making, as needed;
- attending Screening Team meetings, when available;
- making a referral to the District Attorney/local law enforcement, when applicable; and
- documenting the screening decision and sending required notifications.

### 2. **Response Worker** is responsible for:

- completing the response within the required time frame by assessing child safety and risk and parental protective factors through a home visit, interview(s) with the reported and non-reported children, interview(s) with other family members, interview(s) with the person(s) who are alleged to be responsible for the abuse or neglect, and gathering information from other sources to compile the 51B report;
- completing and utilizing structured decision-making tools and plans for child safety, when indicated;
- consulting with their Supervisor and other staff on assessment and decision-making, as needed;
- removing the child(ren) from their parent(s)/caregiver(s) and facilitating placement, if needed;
- completing an Interim Action Plan if a child(ren) enters a placement for families without an open case;
- making a referral to the District Attorney/Local Law Enforcement, when applicable;
- completing referrals if needed; and
- documenting the response findings and decision for each child and allegation and sending required notifications.

### 3. **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;
- completing an Interim Action Plan or Family Assessment and Action Plan update if a child(ren) enters placement; and
- determining if there is a change in risk level to the child(ren) that requires an update to the family's current Family Assessment and Action Plan and/or a change to existing interventions/services.

### 4. **Intake Supervisor** is responsible for supporting the Screener in screening 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.

### 5. **Response Supervisor:** is responsible for supporting the Response Worker in completing activities and decision-making and:

- reviewing the response decision;
- reviewing structured decision-making tools and plans for child safety, when indicated
- providing and documenting supervision at least once during the response;
- requesting and attending consultations and reviews with Department Managers, attorneys, and clinical specialists, when necessary;
- submitting responses that require a case to be opened to the Case Assignment Manager;
- submitting responses that do not require a case to be opened to the APM/Designee; and
- for open cases, submitting unsupported responses to an APM/Designee.

6. **Ongoing Supervisor** is responsible for supporting ongoing Social Workers in completing the activities outlined in this policy when a report is received on a family with an open case by:

- attending Screening Team meetings and Clinical Reviews, when necessary;
- supporting a collaborative approach between Intake and Ongoing to ensure child safety; and/or
- approving Interim Action Plans or Family Assessment and Action Plan updates completed by ongoing Social Workers.

7. **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;
- reviewing and approving screen out reports and unsupported response decisions;
- providing consultation and making the final decision when there is disagreement between the Response Worker and their Supervisor; and
- facilitating Tri-Level Reviews.

8. **Area Program Manager (APM)/Designee over Ongoing** is responsible for supporting Ongoing Units and:

- supporting a collaborative approach between Intake and Ongoing to ensure child safety; and
- attending Screening Team meetings, as needed.

9. **Area Clinical Manager (ACM)/Designee** is responsible for:

- conducting Screening Team meetings and convening Clinical Reviews;
- providing consultation to Intake and Response as needed; and
- approving requests for additional time to complete screening activities.

10. **Area Director (AD)/Designee** is responsible for supporting the Intake Units in decision-making and:

- reviewing screen out reports and unsupported response decisions;
- reviewing and completing referrals to the District Attorney;
- 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.

11. **Emergency Response Worker (ERW)** is responsible for:

- completing the response by assessing child safety and risk and parental protective factors through a home visit, interviews with reported and non-reported children, interviews with other family members, and interviews with the person(s) alleged responsible to compile the 51B report within the required time frame;
- gathering information from other sources, as needed;
- completing and utilizing structured decision-making tools and plans for child safety, when indicated;
- removing the child(ren) from a parent(s)/caregiver(s) and facilitating placement, if needed; and
- completing an Interim Action Plan if child(ren) enter placement during an emergency response for families without an open case.

12. **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;
- reviewing structured decision-making tools and plans for child safety, as needed;
- collaborating with ERWs to ensure proper notification of any activities and/or outcomes of emergency responses completed and if any urgent follow up is needed; 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 APM/Designee.

## C. LANGUAGE ACCESS

*Working with individuals who are Deaf or Hard of Hearing and individuals with Limited English Proficiency:*

The Department's Language Access Plan (LAP) outlines how the agency is ensuring meaningful access to its programs, services, activities, and materials for all clients who self-identify as Limited English Proficient (LEP). The Department secures interpreter services for individuals who identify as LEP in a timely manner. To secure services for individuals who are Deaf and/or Hard of Hearing, the Social Worker contacts the Department's identified contact with the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) who can make requests directly from MCDHH as described in the Appendix to the Disability Policy. The Social Worker, or other Department staff, will not require or suggest that an individual who identifies as LEP bring their own interpreter or communication specialist to meetings. The Social Worker, or other Department staff, will not rely on an adult individual accompanying a consumer who identifies as LEP to interpret for the consumer unless it is an emergency involving an imminent threat to the safety or welfare of an individual or the public and there is no other interpreter available; OR the individual specifically asks that the accompanying adult interpret or facilitate communication for them, the accompanying adult agrees to do so, and reliance on the adult is appropriate under the circumstances.

For all individuals who identify as LEP, documents must be translated and provided in the individual's preferred language. The Social Worker arranges for the documents to be translated by using the Department's translation service contract in the Area Office. *For the purposes of this policy, documents requiring translation include but are not limited to: any response related documentation or notification that would normally be provided to the individual based on their role in the response, such as notices provided to a family during the initial interview (e.g., letter notifying the family of the report of abuse and/or neglect, A Family's Guide to Protective Services for Children, and the DCF Non-Discrimination & Disability Policy Notice), outcome notices sent at the conclusion of the response, notice of being listed on the Registry of Alleged Perpetrators, and information about the Fair Hearing process.*

For more information regarding the Department's Language Access Plan, please visit:

<https://www.mass.gov/dcf-language-access>

## D. PROCEDURES: DETERMINE RESPONSIBILITY FOR SCREENING

### Screen the Report

1. 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: Screen Reports with Conflict of Interest.)

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 the process of taking a 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 reported 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. When a 51A report is received on a foster parent or an institutional setting, the Area Office covering the geographic area of the foster home or institutional setting is responsible for beginning the screening process and establishing the immediate safety of the children.
  6. When there is a sexual abuse allegation on a foster parent, the AD/Designee immediately notifies the RD, RCD, Associate Commissioner for Protective Operations, Deputy Commissioner for Protective Operations, General Counsel, and SIU Director.
  7. For more information regarding the responsibility of screening and response activities for reports received on foster parents and institutional settings, please see [51A Investigations in Certain Institutional Settings Policy](#).
- Screen Reports with Conflict of Interest**
8. If a conflict of interest is identified during screening, the AD is notified immediately. Depending on the circumstances of the conflict, the screening may be completed within the same Area Office, by a different Area Office (in the same or a different region), or by SIU. For more information about identifying conflicts of interest and assigning responsibility for screening activities when a conflict of interest has been identified, please see [Intake Policy for Conflicts of Interest](#).

## E. 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.** (*Note: If there is an allegation of Sexual Exploitation and/or Human Trafficking, and there is concern it may be family controlled, the report may be assigned as an emergency response.*)
 

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 immediately 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 is initiated as required in Procedures M.

*During non-business hours:* When the after-hours Screener receives a report that may warrant an emergency response, they consult with the OCS. If the OCS determines a report requires an emergency response, an ERW is assigned.
- 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 (see definition of reportable condition above); 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-business 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 Area Office responsible, 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 (e.g., a specific piece of information connected to the allegation is needed from a collateral source, such as law enforcement, pediatrician, teacher). 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.

## F. 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, age/date of birth, birth/assigned sex, race, ethnicity, sexual orientation, gender identity, pronouns, language(s) spoken, any known disabilities, and any known Indian or Alaskan Native tribal affiliation for each child.
- b) **Parent(s) and/or caregiver(s) information** – Name, address (include apt #), phone #, age/date of birth for each parent and/or caregiver, race, ethnicity, sexual orientation, gender identity, pronouns, language(s) spoken, any disabilities, whether the parent(s)/caregiver(s), or the parent(s)/caregiver(s)' spouse or intimate partner are on active duty, guard, or reserve member of the armed forces, and for parent(s), any known Indian or Alaskan Native tribal affiliation.
- c) **Reporter's information** – Name, address (include apt #), email address, phone # and responses to the following:
  - Is the Reporter a mandated or voluntary reporter?
  - Has the Reporter informed the caregiver of report?
  - What is the Reporter's relationship to child(ren) or family?
- d) **The actual or approximate date of the incident of suspected abuse, neglect, sexual exploitation and/or human trafficking** – If the actual date is unknown, determine the approximate date by identifying the most recent possible date the incident could have occurred based on the information available. If the reported child is in placement and the incident of suspected maltreatment occurred prior to the child entering the Department's care, use the actual date if known, or the most recent possible approximate date prior to the child's entry into care.
- e) **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? Include any prior evidence of these concerns or other danger or risk to the child(ren). If the reported abuse/neglect was not directly observed by the Reporter, include the source of the information.
- f) **Information on person(s) allegedly responsible** – If known, the name, address (include apt #), phone #, age/date of birth, race, ethnicity, sexual orientation, gender identity, pronouns, language(s) spoken and any disabilities of the person(s) alleged to be responsible for the suspected abuse, neglect, sexual exploitation and/or human trafficking, any other information that the Reporter thinks may be helpful in establishing the cause of the suspected abuse, neglect, and/or sexual exploitation and/or human trafficking, and whether they and/or their spouse or intimate partner are an active duty, guard, or reserve member of the armed forces.
- g) **Circumstances under which the Reporter became aware** – What are the circumstances under which the Reporter became aware of the injury, abuse, maltreatment, or neglect? Include pediatric evidence kit number, if applicable.
- h) **Infant with Prenatal Substance Exposure (IPSE) and Family Care Plans (FCP)** – If the report alleges an IPSE, document the Reporter's responses to the following questions:
  - What is the substance the infant was exposed to and how is the Reporter aware of the information (e.g., self-disclosure, toxicology screen, signs and symptoms of withdrawal);

- Is the substance prescribed and taken as directed by a medical professional;
- What symptom(s) of withdrawal is the infant experiencing, if any;
- Has the infant been diagnosed with Neonatal Abstinence Syndrome (NAS);
- Is the infant diagnosed with Fetal Alcohol Syndrome;
- Does the Reporter have concerns about the impact of substance use/misuse on the parent's ability to safely care for the infant;
- Is the Reporter aware of an existing FCP for the parent/caregiver and newborn; if a FCP exists, identify the provider who developed it and request a copy;
- If the Reporter is not aware of an existing FCP, the Screener recommends the Reporter coordinate the development of a FCP with the parent/caregiver and directs the Reporter to the Massachusetts Department of Public Health's website where additional information and guidance are available.
- **If the information provided by the Reporter in response to items "a" through "h" enables the Screener to determine that the IPSE report is due to the use of prescribed medication, taken as directed, for a substance use disorder or medical condition and there are no protective concerns, then the Screener should screen out the report.**

**NOTE:** *If a Substance Use Treatment provider is the Reporter, the initial call and report to the Department with an IPSE 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. § 1320d-7(b).*

- i) **What action, if any, has been taken thus far** – To treat, shelter, or otherwise assist the child(ren) to deal with the situation? If the report involves sexual exploitation and/or human trafficking allegations, what steps have the parent(s)/caregiver(s) taken to protect the child(ren)?
- j) **Child visibility** – Is the child(ren) visible in the community? Does the child(ren) attend school/childcare, receive services, or participate in activities outside of the home?
- k) **Other contributing factors** – What other factors facing the child(ren) or parent(s)/caregiver(s) may impact the ability of the parent(s)/caregiver(s) to provide for the child(ren)'s safety and well-being, such as:
  - significant trauma that affects current functioning;
  - current substance use/misuse;
  - experiencing homelessness or housing insecurity;
  - gang involvement;
  - domestic violence; and
  - physical, developmental, or intellectual disability, including mental or behavioral health challenges or a substance use disorder and whether any accommodations or services are needed.

**NOTE:** *The fact that a parent has a disability or diagnosis does not mean the parent cannot adequately care for their child or that the child is at imminent risk of harm. Parents or caregivers with disabilities must be assessed on an individualized basis. A determination that a parent's disability poses a risk to the safety of their child must be based on objective facts and not on stereotypes or generalizations about individuals with disabilities. Such a determination must also take into account whether reasonable accommodations or the provision of services by the Department to the parent could reduce or eliminate the risk (such as hands-on demonstrations of parenting skills, plain language training materials at appropriate literacy levels, modified service planning and parental capacity evaluation, assessment by an expert on working with parents with intellectual disabilities, and/or a parent aide). If gathering information about a parent's disability or diagnosis during screening, the Screener should generally ask whether the parents need any such accommodations or services from the Department as a result of their disability. (See [Disability Policy](#) for more information.)*

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

- m) **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.).
- n) **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?
- o) **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 alleged victim (e.g., work schedule, place of employment, daily routines, separate contact information for the alleged victim)?

## G. PROCEDURES: GATHER INFORMATION FROM OTHER SOURCES FOR SCREENING

The Screener initiates the following inquiries to gather additional information relevant to the report, as authorized under MGL c. 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);
  - the 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 household member or person 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 custody 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 Background Record Checks

3. The Screener may consult with any Social Worker, Supervisor, or other Department staff who have knowledge of the past or current Department involvement of the child(ren) and/or family to inform the screening decision.
4. The Screener requests background record checks for:
  - the caregiver(s) alleged to be responsible for the reported abuse or neglect;
  - the parent(s) of the reported child(ren);
  - any household member age 15 years or older; or
  - any individual who is not a household member age 15 years old or older who is otherwise connected to the abuse and/or neglect allegation.
    - *In limited circumstances involving multiple families living in a single housing unit, a Manager may approve the decision not to conduct a background record check on a household member where the child resides. The Screener documents the approval in the electronic record.*
5. A background record check for screening includes a search of Criminal Offense Record Information (CORI), Sexual Offender Registry Information (SORI), and the National Crime Database (NCDB).

- 6. A missing child registry check should be completed for all household members under the age of 18 years old.
- 7. The Screener notes in the electronic record if any of the individuals named in the report may have resided in another state.
- 8. The Screener may request a background record check for a child who is under 15 years old if the Screener identifies that there is a cause for concern.
- Request Information from Local Law Enforcement** 9. 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 time frame in which the requested information is needed to inform the Department’s decision-making.
- Conduct Collateral Contacts as needed** 10. The Screener may seek information from collateral contacts who are likely to have information specifically related to the allegations in the report. Collateral contacts should only be initiated during screening if a screening decision cannot otherwise be made with the information at hand.  
  
By law, any mandated reporter who has information that the mandated reporter believes might aid the Department in determining whether a child has been abused or neglected shall, if requested by the Department, disclose information relevant to the specific report.
- Conduct an Online Search if needed** 11. 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** 12. When information indicates that a household member, parent/caregiver, 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** 13. The Screener may seek consultation with a clinical specialist, including but not limited to substance use, domestic violence, mental/behavioral health, medical services, disability, or LGBTQIA+, if needed to inform the screening decision.

**H. 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 [Policy for Referrals to the District Attorney and Local Law Enforcement Authority](#))

### **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 [Policy for Referrals to the District Attorney and Local Law Enforcement Authority](#) for the procedures to approve and send a discretionary referral.)

## **I. 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.

- The following staff must be invited and should participate, when possible, in a Screening Team Meeting:
  - For a family with an open case or response: The APM, Supervisor, and/or Social Worker assigned to the case or response and any workers who have current responsibility or relevant knowledge of the case;
  - For a closed case: Any workers previously assigned to the case with relevant information that could assist with making a screening decision; and
  - For court-involved cases: Department attorney or Legal Manager (for current Care and Protection or 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.

- |  |   |
|--|---|
| <b>Types of Reports Reviewed</b>             | <p>2. The Screening Team reviews and determines a screening decision for any 51A report in the following categories:</p> <ul style="list-style-type: none"> <li>• reports on parent(s)/caregiver(s) or child(ren) involved in a currently open case;</li> <li>• reports that involve 3 separate reported incidents in the last 12 months;</li> <li>• reports where there is a difference in perspective between the Screener and the Supervisor about the screening decision;</li> <li>• reports involving 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;</li> <li>• reports involving parent(s)/caregiver(s) or child(ren) in a case that has been closed for less than 2 years;</li> <li>• reports involving parent(s)/caregiver(s) involved with the Department (or another state's child welfare system) as child(ren);</li> <li>• reports involving parent(s) whose child(ren) were subject to a prior protective custody order and/or Termination of Parental Rights (TPR), if known;</li> <li>• reports involving an invalid allegation; and/or</li> <li>• any other report that the Screener, Intake Supervisor, or APM believes could benefit from Screening Team review and input.</li> </ul> <p>3. 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.</p> |
| <b>Reports on Foster Homes or Caregivers</b> | <p>4. All reports on foster homes/caregivers must be reviewed by the Screening Team, including emergency reports. The Screening Team Meeting is convened to discuss safety or clinical concerns in a foster home and must include the members of the Foster Care team and a SIU representative.</p> <p>5. The Screening Team makes a screening decision and decides on appropriate next steps, which may include activities for Intake, SIU, Ongoing, and Foster Care staff. For emergency responses, the Screening Team may occur during or following the response to follow the emergency response timelines and procedures.</p>  |
| <b>Request Additional Time</b>               | <p>6. 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.</p>   |

## J. PROCEDURES: HOLD CLINICAL REVIEWS WHEN REQUIRED

- Clinical Reviews**
1. Clinical Reviews (e.g., Tri-Level Meeting, Area Clinical Review, Regional Clinical Review, etc.) involve a critical examination of prior history, current functioning, collateral reports, assessments, and other available information. The meeting is an opportunity for different 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 child safety.

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 and strategies to reduce risks and stabilize the situation; and
- supporting informed decision-making.

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

**Three in Three Reports**

2. Under MGL c. 119, § 51B(r), there is a regional clinical review team 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 Intake APM. The Intake APM/Designee contacts the Regional Office to schedule the review.

**Three in Twelve Reports**

3. Under MGL c. 119, § 51B(r), there is a review by an Area Clinical Review team 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 AD and the daily Screening Team Meeting. The ACM/Designee convenes the Area Clinical Review. A Screening Team Meeting may be used in place of an Area Clinical Review if determined by the ACM/Designee.

**K. PROCEDURES: MAKE THE SCREENING DECISION**

The Screener determines a screening outcome as follows:

**Screen In: Emergency Response**

1. Screen In: Emergency Response 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. *(Note: If the allegation involves Sexual Exploitation and/or Human Trafficking that may be family controlled, the report may be assigned as an emergency response.)*

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. The response follows the time frames in Procedures M.

*During non-business hours:* When an after-hours Screener receives a report that may warrant an emergency response, they consult with the On Call Supervisor (OCS). The OCS assigns a team of Emergency Response Workers (ERWs) for immediate response.

**Screen In: Non-Emergency Response**

2. Screen In: Non-Emergency Response 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 the time frames in Procedures M.

**Screen Out**

3. A Screen Out is a determination that:
  - the report received does not involve a child or the allegations are not within the Department’s mandate concerning child abuse and neglect;
  - 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;
  - 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;

- the specific injury or situation is already known, previously screened, or addressed in a prior response;
  - 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);
  - the infant's prenatal substance exposure is due to the birthing parent's use of prescribed medication, taken as directed, verified by a medical or other provider and there are no protective concerns;
  - the report is demonstrably unreliable; and/or
  - the report involves an invalid allegation based on the information obtained during screening that no abuse or neglect has taken place or the report is frivolous (See Appendix B: Guidance for Invalid Allegations)
- Document and Approve Screening Decision**
4. The Screener documents the recommended decision and prepares a summary of the reasons for 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 APM/Designee. The APM/Designee approves or reverses screened out reports and adds comments as needed. For decisions involving an Invalid Allegation, the AD/Designee approves or reverses screened out reports and adds comments as needed.
- Complete Required Referrals for Screened Out Reports**
5. When a screened out report was made by a Mandated Reporter, the Screener sends written notice of the decision to the Mandated Reporter.
6. 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**
7. 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**
8. 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 years old or older. (See [Information and Referral Policy](#); [Voluntary Intake Policy](#); [Permanency Planning Policy](#))

## L. PROCEDURES: DETERMINE RESPONSIBILITY FOR RESPONSE

- Determine Responsibility for Response**
1. 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 completes 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 report into the response.

**Request Assistance from Another Office**

4. For Reports on Institutional Settings or licensed Foster Homes: Responses to these reports are directed by the [51A Investigations in Certain Institutional Settings Policy](#).

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 together they 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. If a conflict of interest is identified during response, the AD is notified immediately. Depending on the circumstances of the conflict, the screening may be completed within the same Area Office, by a different Area Office (in the same or a different region), or by SIU. For more information about identifying conflicts of interest and assigning responsibility for response activities when a conflict of interest has been identified, please see [Intake Policy for Conflicts of Interest](#).

**M. PROCEDURES: COMPLETE THE RESPONSE WITHIN REQUIRED TIME FRAMES**

For purposes of determining applicable time frames, 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.

<b>Response Activity Time Frames</b>		
<b>Required Activity</b>	<b>Emergency Response</b>	<b>Non-Emergency Response</b>
Initiate Response <i>(See below: Initiating a Response.)</i>	As soon as possible and no longer than within 2 hours of receiving a report.	As soon as possible within 2 working days of receiving a report.
Visit and Interview the Reported Child(ren) and Initiate Safety and Custody Determinations	As soon as possible and no longer than within <b>2 to 4 hours of receiving a report.</b> <i>When determining how soon to respond within this time frame 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 no longer than within <b>3 working days</b> of receiving a report.
Visit and Interview All Non- Reported Child(ren) and Initiate Safety and Custody Determinations	Within <b>24 hours of receiving a report</b> 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 <b>3 working days</b> 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.

Visit Home	Within <b>24 hours</b> .	Within <b>3 working days</b> .
Complete Other Response Activities and 51B Report	Within <b>5 working days</b> .	Within <b>15 working days</b> .

**Initiating a Response**

1. Initiating a response includes any action or activity that Department staff engage in to visit with the reported child(ren). Such activities include but are not limited to:
  - seeking to determine the reported child(ren)’s location;
  - contacting parent(s)/caregiver(s) in an effort to schedule a visit;
  - contacting collaterals, providers, or others connected to the child or family to determine the level of risk or danger; or
  - obtaining any other information needed to locate and visit with the child.

All activities associated with initiating a response must be documented in the electronic record.

**Request Additional Time**

2. 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 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;
  - 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; and/or
  - the Response Worker is waiting for completion of a Sexual Abuse Intervention Network (SAIN) interview. An extension for this purpose may be up to 10 working days total upon request.

**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,
  - criminal and sex offender history; and
  - local law enforcement responses.
2. The Response Worker contacts the Reporter to clarify the report, to address any unanswered questions, and to gather additional information useful in conducting the response. The Response Worker documents any information obtained from the Reporter in the electronic record. If the Response Worker is unable to reach the Reporter, the Response Worker documents this in the electronic record.

**NOTE:** *When a report that was screened in was filed as a result of an IPSE, the Response Worker’s initial focus should be on determining if the infant’s prenatal substance exposure was due to the birthing parent’s use of prescribed medication, taken as directed, verified by a medical or other provider. If so, and there are no protective concerns, the Response Worker should request permission to discontinue the response pursuant to the process outlined in No. 6 below.*

**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 Foster Care Social Worker for the family and the Social Worker(s) 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; and
    - communication with the assigned Licensing and Training Social Worker to assist in providing information required to complete the Interim Assessment.

(See: [Licensing of Foster, Pre-Adoptive, and Kinship Families Policy, 51A Investigations in Certain 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 each parent/caregiver, including those living out of the home. Every parent/caregiver should be identified (if not identified during screening) and 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 and response process. The Response Worker also provides and documents the following:
- a letter notifying the family of the report of abuse and/or neglect;
  - A Family's Guide to Protective Services for Children; and
  - the DCF Non-Discrimination & Disability Policy Notice in an accessible format.
- The Response Worker inquires about any language access needs the parent(s)/caregiver(s) may have communicating with the Department.
- NOTE:** *It is important to consider preferred language, and any/all conditions (such as neurological, hearing, or visual impairment(s)) that may limit the parent(s)/caregiver(s)'s ability to respond, read forms, and sign releases. (See [Disability Policy.](#))*
- 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, determine the current danger and future risk to the child(ren), and assess the capacity of the parent(s)/caregiver(s) to provide for the safety and well-being of the child(ren).

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

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. The Response Worker discusses the availability of relatives or kin to provide placement for the child(ren) and family visitation. (See [Licensing of Foster, Pre-Adoptive, and Kinship Families Policy](#) for more information on the importance of gathering information on kin collaterals for potential Immediate Kinship Placements.)
4. On Open Cases: The Response Worker conducts the visit with the current Social Worker except in circumstances when a joint visit is not recommended due to clinical concerns or due to scheduling conflicts.
5. 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 occur simultaneously. There may be special circumstances where the interview may occur a short time after the in-person 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:
  - a child with a severe medical and/or psychological condition;
  - 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.

6. 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. When interviewing the child, the Response Worker considers the child's communication skills and style, developmental stage, and any known disabilities. The Response Worker asks developmentally appropriate and accessible questions. (See [Disability Policy](#).)
7. When interviewing and visiting with the reported child(ren), the Response Worker pays particular attention to:
  - parent-child interaction;
  - child(ren)'s behavior and activities;
  - developmental status of child(ren);
  - medical and behavioral conditions and the ability of the child and/or parent/caregiver to manage these conditions;
  - child's physical appearance;
  - the physical environment and the child(ren)'s comfort in the environment;
  - for any home with a child younger than 12 months old, 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)'s body when the response concerns allegations of physical abuse.

**NOTE:** *The Response Worker may use a camera to document any observable injury following the Department's Practice Guidance on Photo Documentation.*

8. When the Response Worker identifies a non-reported injury or some other condition of 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.
- Interview Non-Reported Children**
9. The Response Worker visits and interviews all non-reported child(ren) in the household, considering their age, development, and communication skills.
10. If the Response Worker cannot see and interview the non-reported child(ren), the Response Worker consults with their Supervisor and determines the condition of the non-reported child(ren) through contacts with the parent(s)/caregiver(s) and/or collateral contacts.
11. 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).
- New Information Obtained: Invalid Allegation**
12. If the Response Worker obtains new information that indicates that the allegations of abuse and/or neglect in the 51A meet the requirements for an invalid allegation (see Procedures: Making the Screening Decision, Screen Out) then the Response Worker concludes the response with an “unsupport” decision and documents the reasons for the decision in the response.
- Determine Action when Child(ren) Are Not Visited**
13. When a Response Worker is prevented 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.
14. 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 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. 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.
- NOTE:** *When a report that was screened in was filed as a result of an IPSE, the Response Worker’s initial focus should be on determining if the infant’s prenatal substance exposure was due to the birthing parent’s use of prescribed medication, taken as directed, verified by a medical or other provider. If so, and there are no protective concerns, the Response Worker should request permission to end the response.*
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.
- Conduct an Online Search if needed**
3. The Response Worker may conduct an online search as laid out in Procedures G. They document relevant information gathered in the electronic record.
- Conduct Background Record Checks If Needed**
4. If background record checks were not completed during screening or a new person(s) is identified during the response, the Response Worker requests them as described in Procedures G.
- *In limited circumstances involving multiple families living in a single housing unit, a Manager may approve the decision not to conduct a background record check on a household member where the child resides. The Response Worker documents the approval in the electronic record.*
5. If a missing child registry check was not completed for any household members under the age of 18 during screening, the Response Worker should request one.
- Request Information from Local Law Enforcement**
6. 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 Procedures G.
- Seek Clinical Consultation as needed**
7. Consultation with clinical specialists is available to inform and support decision-making throughout the completion of the response. Supervisors or Response Workers must seek consultation from clinical specialists when a response is determined to be high risk through discussions in supervision, the use of a structured decision-making tool (e.g., risk assessment), and presents with multiple risk factors including: substance use, domestic violence, physical violence, mental or behavioral health, child's medical needs, or any other circumstances that either the Social Worker or the Supervisor believe require consultation (e.g., CSEC, sexual abuse). (See [Supervision Policy](#).)
- Interview the Person(s) Alleged Responsible**
8. 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.
- The Response Worker explains the allegations and the response process, provides the family with a written letter notifying the alleged perpetrator of the report of abuse or neglect, A Family's Guide to Protective Services for Children, and the DCF Non-Discrimination & Disability Policy Notice in an accessible format. They gather any information that the alleged perpetrator may have about the allegation of abuse or neglect and document this information in the electronic record.

## Q. PROCEDURES: ASSESSMENT OF DANGER, SAFETY, AND RISK

The Department's first priority in every response is to identify danger indicators, address any immediate concerns regarding the child(ren)'s safety and well-being, and determine whether the child(ren) are safe, unsafe, or safe with a Plan for Child Safety. All families have cultural identities which shape child-rearing practices, and these identities provide valuable context for workers to assess and plan with families. Structured decision-making tools help inform our understanding of the safety and risk present within a family by using clear and consistent definitions and standards. Response Workers complete the structured decision-making tools for all responses, including those conducted after-hours.

**Assess Child  
Danger and  
Safety**

1. During the response, the Response Worker continually assesses whether there are danger indicators that impact child safety.
2. After interviewing the child(ren), the parent/caregiver(s), and relevant collaterals, the Response Worker completes the Danger and Safety Assessment to assess if the child(ren) may safely stay at home, with or without a plan for child safety to reduce danger indicators. When appropriate, the results of the Danger and Safety Assessment may be shared with the family to encourage open communication and help further assess the family's needs.
3. The Response Worker considers the following factors in assessing child danger and safety:

Child Vulnerabilities

- child is age 0–5.
- child has a diagnosed or suspected medical or mental health condition, including medically fragile children.
- child has diminished mental, emotional, physical, or developmental capacity.
- child has limited visibility in the community or no readily accessible support network.

Danger Indicators

- parent/caregiver caused serious physical harm to the child(ren) or made a plausible threat to cause physical harm;
  - sexual abuse and/or family controlled sexual exploitation 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 threatened harm by others;
  - parent/caregiver's explanation for a child's injury is questionable or inconsistent with the type of injury;
  - family does not provide access to the child(ren) and/or there is reason to believe the family is about to flee;
  - 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;
  - 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); and/or
  - there is a pattern of prior incidents or behavior AND current circumstances are near, but do not necessarily meet, the threshold for current danger.
4. When the Response Worker creates a Plan for Child Safety, they must identify immediate actions to ensure child safety and longer-term actions or services to reduce risk over time. Plans for child safety must include at least one safe adult and be shared with the parents, household members, collaterals, and other relevant parties.

**Assess Risk**

5. Before completing a response, the Response Worker completes the Risk Assessment using gathered information. The Response Worker may ask the family to participate. 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 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 past or current concerns with substance use;
  - 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); and
  - whether the family has stable housing.

**Assess Protective Capacities**

6. The Response Worker assesses the parent(s)/caregiver(s) capacity to safely care for the reported and non-reported child(ren). The assessment is documented in the electronic record, and 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 identify, 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 the child(ren)'s 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?

**Removing  
Child(ren) from  
Their  
Parent(s)/Caregi  
ver(s)**

- know how to access and advocate for services that promote safety and well-being for the child(ren)?
7. A child may be taken into custody **immediately** if, after seeing the child, the Response Worker, consulting with their Supervisor and Manager, finds reasonable cause to believe:
    - 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;
    - 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).
  8. If an emergency placement is completed, an Interim Action Plan is developed or the family's Action Plan is updated, including completion of the placement supplement and visitation schedule, and any necessary health care is arranged, following the Department's Policies (See [Family Assessment and Action Planning Policy](#); [Reunification Policy](#)).
  9. The next working day following an emergency removal, the Department files a written report with the court together with a petition as required by M.G.L. c. 119, § 24. (See [Permanency Planning Policy](#)).

**NOTE:** *The fact that a parent has a disability or diagnosis does not mean that the parent poses an immediate threat to the child's safety requiring out-of-home placement or that a safety plan cannot be developed to enable the child to remain with the parent. Parents or caregivers with disabilities must be assessed on an individualized basis. A determination that a parent's disability poses a risk to the safety of their child must be based on objective facts and not on stereotypes or generalizations about individuals with disabilities. Such a determination must also take into account whether reasonable accommodations or the provision of services by the Department to the parent could reduce or eliminate the risk (such as hands-on demonstrations of parenting skills, plain language training materials at appropriate literacy levels, modified service planning and parental capacity evaluation, assessment by an expert on working with parents with intellectual disabilities, and/or a parent aide). In assessing child safety, the Response Worker should consider consulting with the Department's regional clinical specialists on substance use/misuse, mental/behavioral health, and medical services as needed. (See [Disability Policy](#) for further information.)*

## 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, 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 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 the 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 <b>neglected</b>; 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 <b>neglected</b>.</p> <p><i><b>Note: Substantiated Concern can only be used as a determination for allegations of neglect.</b></i></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>
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"> <li>○ a new case is opened (see <a href="#">Family Assessment and Action Planning Policy</a>); or</li> <li>○ in limited circumstances, with approval from a Manager, the Department may determine that intervention is not necessary.</li> </ul>	<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"> <li>○ a new case is opened (see <a href="#">Family Assessment and Action Planning Policy</a>); or</li> <li>○ in limited circumstances, with approval from a Manager, the Department may determine that intervention is not necessary.</li> </ul>	<p>Department intervention is not needed to safeguard the child(ren)’s safety and well-being, however:</p> <ul style="list-style-type: none"> <li>○ the family may apply for voluntary services from the Department; and/or</li> <li>○ the Department may refer the family for services in the community if needed.</li> </ul>

**Document and Approve the Response Decision**

4. The Response Worker documents, for each child and allegation, decisions and findings that include:
  - any immediate actions to be taken to establish and maintain child safety;
  - a summary of the Danger and Safety Assessment results, any resulting Plan for Child Safety, and the Risk Assessment/Reassessment results;
  - any other actions needed to support child safety and well-being and strengthen parental capacities; and
  - a summary of the basis for the Department’s report outcome.

The Response Worker forwards the completed response report to their Supervisor.
5. The Response 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 reviews and approves or reverses the response decision and any District Attorney Referral recommendations. The AD/Designee adds comments as needed and informs the Intake Supervisor of any changes.
- Follow Up on Open Cases**
- 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.

**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) and uploads a copy to the electronic record. Notices must be sent within 48 hours except for those sent to individuals 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.

- Central Registry and Alleged Perpetrator Registry Designation**
- 4. If the allegations of abuse and/or neglect are supported:
    - The caregiver(s) responsible for the abuse and/or neglect, when known, is included in the Central Registry.
    - If the report was also referred to the District Attorney as a mandatory referral pursuant to M.G.L. c. 119, § 51B(k) and 110 CMR 4.51, and there is substantial evidence that the caregiver is responsible for the incident of abuse/neglect, the identified caregiver(s) is also listed on the Registry of Alleged Perpetrators.

- 5. If the allegations of abuse and/or neglect are unsupported or there is a finding of substantiated concern:
  - No person is included in the Central Registry (or Registry of Alleged Perpetrators, even when the report was referred to the District Attorney).

- Notify Alleged Perpetrator**
- 6. 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, the outcome of the allegations, indication of whether the alleged perpetrator has been listed in the Central Registry or the Registry of Alleged Perpetrators, and information 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 years old, written notice must be sent to the perpetrator, and a copy must be sent to their parent(s) and/or guardian(s).

If the alleged perpetrator is listed on the Registry of Alleged Perpetrators, 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 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**

7. When a response is unsupported, the Response Worker sends a copy of the outcome notice to the parent(s)/caregiver(s) with custody of the child who is the subject of the report, the mandated reporter, the owner of an institution contacted during the response, and state agencies who received notice during screening.

**Make Early Intervention Referral**

8. 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**

9. 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:

<b>How a Support/Substantiated Concern Decision is Reviewed</b>	
<i>For more information, please see Fair Hearing Office and Grievance Policy.</i>	
Type of Situation	Type of Review
New Cases (includes previously closed cases)	Administrative Review during Family Assessment and Fair Hearing on Request
New Cases – Supported and closed	Fair Hearing on Request
Currently Open Cases	Fair Hearing on Request
Institutional Settings	Fair Hearing on Request
<i>Foster Parent(s):</i> <ul style="list-style-type: none"> <li>• Foster Children</li> <li>• Biological Children (see New/Open Cases)</li> </ul>	Fair Hearing on Request

**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.

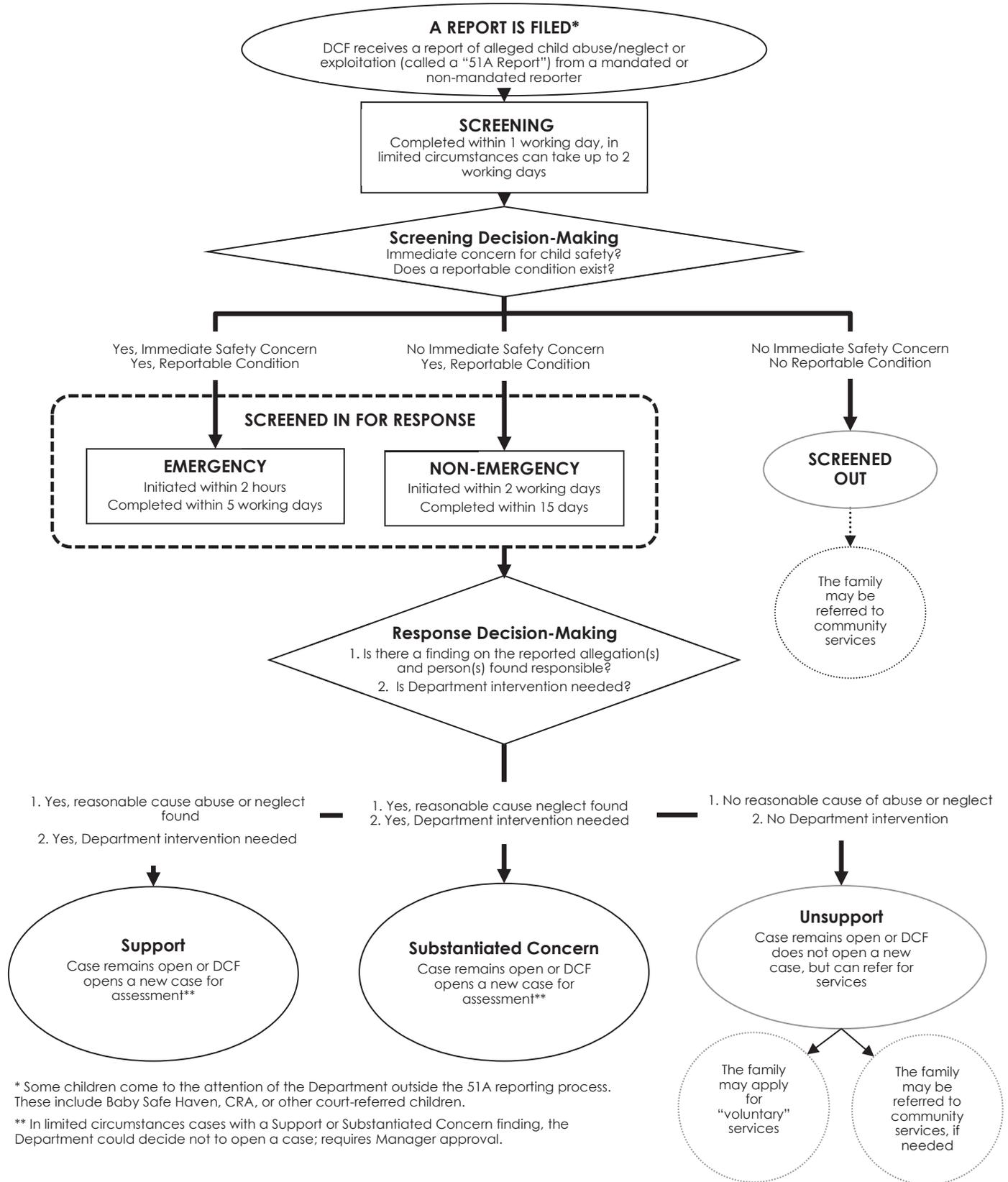
2. When the Department receives a report that alleges that a child(ren) who is a resident of another state was abused or neglected in her/his home state and the child(ren) is currently in Massachusetts, the Screener, in consultation with the Supervisor, collaborates with the child protective service agency in the child(ren)'s home state to obtain sufficient information to determine whether the Department must: (1) make a screening decision and coordinate a response if needed; 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 of abuse and/or neglect for a child(ren) who is a resident of another state while in Massachusetts temporarily (e.g., the child was visiting Massachusetts and has returned to their 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 indicates abuse and/or neglect of another child(ren) currently in Massachusetts 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 their home state and the child(ren) is currently in their 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 gather sufficient information to determine if the child(ren) is currently at risk of abuse and/or neglect and to coordinate a response.

If the response indicates that another child(ren) may be at risk of abuse and/or neglect from the same caregiver 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?**



**Appendix B: Practice Guidance - USE OF INVALID ALLEGATION SCREEN OUT DECISION**

An Invalid Allegation is a report that is frivolous or where there is an **absolute determination** that abuse or neglect of a child(ren) has not taken place (110 CMR 4.24(4)). This practice guidance provides Department staff with discussion prompts to help determine if a 51A report that has been screened out is an Invalid Allegation.

All screened out 51A reports which Department staff determine are a result of an Invalid Allegation are reviewed in a Screening Team Meeting (STM) and require Area Director (AD)/Designee approval. Extended screening may be used to gather additional information to determine whether the report includes an Invalid Allegation (e.g., a specific piece of information connected to the allegation is needed from a collateral).

When a report is screened out as an Invalid Allegation, the names of the parent(s)/guardian(s) and child(ren) will be removed from the report. There will be **NO RECORD** of the 51A report associated with the person.

**Considerations for Decision-Making:  
Screened Out 51A Reports and Invalid Allegation**

<p>When the report was filed, the reporter:</p>	<ul style="list-style-type: none"> <li>• Made a statement similar to: "I'm not calling to make a report, just a notification";</li> <li>• Did not report protective concerns; and/or</li> <li>• Was discovered to have a history of filing vindictive/frivolous reports that the Department has found to be inaccurate.</li> </ul>
<p>Appropriate use of Invalid Allegation may involve, but is not limited to, a report involving:</p>	<ul style="list-style-type: none"> <li>• A death of a child(ren) which is believed to be caused by a chronic medical issue (e.g., child residing in the hospital being treated for terminal cancer at the time of death);</li> <li>• A death of a parent(s)/caregiver(s) which is believed to be caused by a medical issue (e.g., heart attack) or a tragic accident;</li> <li>• A mental health condition/issue of a child(ren) which has been/is being treated (e.g., suicide/attempted suicide);</li> <li>• The injury or death of a child(ren) or parent(s) as a result of community violence, not perpetrated by a parent(s)/caregiver(s);</li> <li>• A tragic accident resulting in injury or death of a child(ren) with no supervision concerns identified (e.g., drowning, car accident); and/or</li> <li>• A report filed on Department staff or other professional staff where the reporter doesn't agree with case planning/decisions.</li> </ul>