

STATE OF RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

TO: Interested Parties

FROM: Trista Piccola, Director
Department of Children, Youth and Families

DATE: January 11, 2018

SUBJECT: Proposed DCYF Child Protective Services Rule and Associated Repeals

In accordance with the Administrative Procedures Act, the Department is advertising for promulgation the following proposed DCYF rule and associate repeals. The proposed rule is accessible on the DCYF website (<http://www.dcyf.ri.gov>) and through the RI Secretary of State's Proposed Rules and Regulations Database Search (<http://sos.ri.gov/ProposedRules/>).

**RHODE ISLAND GOVERNMENT REGISTER
PUBLIC NOTICE OF PROPOSED RULEMAKING**

AGENCY: Department of Children, Youth and Families
DIVISION: Child Protective Services
RULE IDENTIFIER: 214-RICR-20-00-1 ERLID # 9168
REGULATION TITLE: *Child Protective Services*
RULEMAKING ACTION: Regular promulgation process
Direct Final: N/A
TYPE OF FILING: Repeal current rules and replace with this new rule adoption

TIMETABLE FOR ACTION ON THE PROPOSED RULE: Public comment will end on **February 23, 2018**.

SUMMARY OF PROPOSED RULE: This rule is being promulgated to replace several existing Child Protective Services regulations.

The proposed adopted regulation sets forth the responsibilities of the DCYF for child welfare reports to the hotline, criteria for screening in reports, and cases assigned for an investigation or a family assessment response. This Child Protective Services regulation will replace the previous Child Protective Services rules, which will remain in effect as DCYF Operating Procedures, and are available on the Department's website.

COMMENTS INVITED:

All interested parties are invited to submit written or oral comments concerning the proposed regulations by **February 23, 2018** to the address listed below.

ADDRESSES FOR PUBLIC COMMENT SUBMISSIONS:

All written comments or objections should be sent to, Sarah St. Jacques, DCYF Policy Office, Rhode Island Department of Children, Youth and Families
Mailing Address: DCYF, 3rd Floor, 101 Friendship Street, Providence, RI 02903
Email Address: Sarah.StJacques@dcyf.ri.gov

WHERE COMMENTS MAY BE INSPECTED:

Mailing Address: DCYF, 3rd Floor, 101 Friendship Street, Providence, RI 02903

PUBLIC HEARING INFORMATION:

If a public hearing is requested, the place of the public hearing is accessible to individuals who are handicapped. If communication assistance (readers/ interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call (401) 462-6266 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.

ALTERNATIVE PUBLIC HEARING TEXT:

In accordance with R.I. Gen. Laws § 42-35-2.8, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within ten (10) days of this notice.

FOR FUTURE INFORMATION CONTACT:

Sarah St. Jacques, DCYF Policy Office, Rhode Island Department of Children, Youth and Families, 3rd Floor, 101 Friendship Street, Providence, RI 02903 or Sarah.StJacques@dcyf.ri.gov

SUPPLEMENTARY INFORMATION:**Regulatory Analysis Summary and Supporting Documentation:**

There are no new societal costs and benefits in the adoption of this rule.

Authority for This Rulemaking: R.I. Gen. Laws Chapters 42-72-4

Regulatory Findings:

In the development of the proposed regulation, consideration was given to: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

The Proposed Amendment:

The Department of Children, Youth and Families proposes to adopt 214-RICR-20-00-1 as follows in the concise explanatory statement of proposed non-technical amendments below.

The Department of Children, Youth and Families proposes to repeal the following Child Protective Services regulations and reissue as Department Operating Procedures (DOPs). All DOP's are accessible to the public and may be viewed on the Department's website at: <http://www.dcyf.ri.gov/policyregs/>.

The proposed regulation would repeal and supersede the following rules:

- Reporting Child Abuse and/or Neglect 500.0000 ERLID 6615
- Criteria for a Child Protective Services Investigation 500.0010 ERLID 7590
- Response Priorities-Emergency, Immediate, and Routine 500.0015 ERLID 6616
- Information/Referral (I/R) Reports; replaced with Family Assessment Response; 500.0040 ERLID 7958
- Requests for Confidential Info. Received Through the Call Floor 500.0045 ERLID 1176
- Standards for Investigation Child Abuse & Neglect (CA/N) Reports (Levels 1,2,3) 500.0050 ERLID 7589
- Additional Information and Duplicate Reports 500.0055 ERLID 6599
- Processing and Notifications for an Alleged Institutional Abuse/Neglect Case 500.0060 ERLID 6608

- Police Involvement in Child Protective Investigation 500.0065 ERLID 6613
- Removal of a Child from the Home 500.0075 ERLID 6644
- Standards of Proof 500.0080 ERLID 6645
- Letters of Notification 500.0085 ERLID 6610
- Examination of Child by Physician/Nurse Practitioner and/or Investigator 500.0090 ERLID 6604
- Documenting Results of CPS Investigations in RICHIST 500.0095 ERLID 6602
- Runaway Calls 500.0105 ERLID 1188
- Investigative Reports/Record Keeping 500.0110 ERLID 6609
- Drug Use During Pregnancy 500.0125 ERLID 6603
- Save Haven for Infants Act 500.0130 ERLID 6626

SUMMARY OF NON-TECHNICAL CHANGES

PROPOSED REGULATIONS FOR ADOPTION

214-RICR-20-00-01

Title 214 – DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES
Chapter 20 – Child Protective Services

Subchapter 00 – N/A

Part 1 – Child Protective Services

Section 1.1 Purpose

No new provisions, language is from existing state statutes and Department policy.

1.2 Authority

No new provisions, existing state statutes.

1.3 Application

New standard language required by the Office of Regulatory Reform.

1.4 Severability

New standard language required by the Office of Regulatory Reform.

1.5 Definitions

New Definitions:

“Commercial Sexual Exploitation of Children (CSEC)” refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person.

“Severe forms of trafficking in persons means” (A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained eighteen (18) years of age; or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

“Sex trafficking” means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

“Standardized screening tool” means an assessment instrument that is developed based on statistical analysis of identifying factors that statistically predict child maltreatment. The assessment tool is utilized to screen reports made to the central intake center for purposes of screening in CPS reports for an investigation or a family assessment response.

“Victim of a severe form of trafficking” means a person subject to an act or practice described in paragraph (J).

Justification for regulatory change:

Definitions added to comply with federal provisions of the Preventing Sex Trafficking and Strengthening Families Act, P.L. 113–183

1.6 Reporting Child Abuse and Neglect

Any person who has reasonable cause to know or suspect that any child has been abused or neglected, sex trafficked, commercially sexually exploited, human trafficked, or is a victim of sexual abuse by another child, must report that information to the Department’s Child Protective Services (CPS) Hotline within twenty-four (24) hours.

Any person who has reasonable cause to know or suspect that any child has been the victim of sexual abuse by an employee, agent, contractor, or volunteer of an educational program must report that information to the Hotline within twenty-four (24) hours.

Justification for regulatory change:

Language added to comply with federal provisions of the Preventing Sex Trafficking and Strengthening Families Act, P.L. 113–183 and RI State Statute § 40-11-3.3 Duty to report – Sexual abuse of a child in an educational program enacted in 2016

1.7 Criteria for Child Protective Services Investigation

The Department must investigate reports that allege child abuse and/or neglect when reasonable cause to believe that abuse or neglect exists. CA/N reports accepted for investigation must contain the following elements:

1. Allegations of sexual abuse by school personnel; or
2. Allegations of sex trafficking and/or severe forms of trafficking of a child under eighteen (18) or under twenty-one (21) years of age if in Department custody.

For purposes of CA/N reports relating to allegations of sex trafficking and/or severe forms of trafficking, any person (not limited to the parent or other person responsible for the child’s welfare) who is alleged to be responsible for committing or allowing to be committed any act of sex trafficking, commercial sexual exploitation, or human trafficking must be subject to an investigation by the Department to determine if the child is a victim of child abuse or neglect. Any child identified as a victim of sex trafficking or severe forms of trafficking is considered a victim of child abuse and neglect and sexual abuse.

Justification for regulatory change:

- Allegations of sexual abuse by school personnel is mandated by Rhode Island State Statute § 40-11-3.3 Duty to report – Sexual abuse of a child in an educational program enacted in 2016
- Allegations of sex trafficking is mandated by the federal Preventing Sex Trafficking and Strengthening Families Act, P.L. 113–183, Approved September 29, 2014

1.8 Response Priorities

Department staff utilize a standardized screening tool to determine the response priority for each report of child abuse or neglect that is screened in for an investigation. Response priorities delineate the time limit for the Department to process the report and for the initiation of an investigation. Assigned investigations must commence within the timeframe of the designated response priority. For all response priorities below, the investigation is initiated when the CPI makes contact or attempts to contact any party associated with the investigation.

1. Priority 1 (emergency) Response – The CPS report must be processed for case assignment within thirty (30) minutes (~~10 minutes~~) after the call is completed. The CPI must respond to the report within four (4) hours (~~10 minutes~~) of the report being received to CPS.
2. Priority 2 (Immediate) Response – The CPS report must be processed for case assignment within two (2) hours (~~one hour~~) after the call is completed. The CPI must respond to the report within twelve (12) hours (~~within shift~~) of the report being received to CPS.
3. Priority 3 (Routine) Response – The CPS report must be processed for case assignment within four (4) hours (~~one hour~~) after the call is completed. The CPI must respond to the report within forty-eight (48) hours (~~24 hours~~) of the report being received to CPS.
4. Priority 1 response criteria include:
 - a. Child held by police/physician/nurse practitioner on a forty-eight (48) hour hold for DCYF placement. Previously categorized as a Priority 2 (Immediate) response time, moved to now be a Priority 1 (Emergency) Response time.

Justification for regulatory change:

Response times have been renamed from Emergency, Immediate and Routine to Priority 1, Priority 2, and Priority 3 to align with standardized terms used by the SDM (Structured Decision Making) model.

Response times have been changed to provide more realistic timeframes and to parallel our sister states' investigatory response times.

1.9 Standards for Investigating Child Abuse & Neglect (CA/N) Reports

All efforts are made to complete each investigation within thirty (30) (ten) days. If an extension of the thirty (30) day timeframe for completion of an investigation is necessary, a supervisor and/or administrator may grant an extension request up to fifteen (15) additional days.

Justification for regulatory change:

Timelines have been modified to allow Child Protective Investigators adequate time to complete the investigation in a comprehensive and thorough manner.

1.14 Family Assessment Response

This entire section is new and replaces the Department's previous Information/Referral (I/R) Reports policy: 500.0040.

Justification for regulatory change:

The Department is pleased to announce the development of a Family Assessment Response, a Child Protective Services response to low to moderate risk screened-in reports of child maltreatment that do not meet the statutory criteria for an investigation. The Family Assessment Response will replace the Department's prior categorization of "Information/Referral (I/R)" reports.

The Family Assessment Response, also known as "FAR", provides a comprehensive assessment of child safety, risk of child abuse or neglect, family strengths and need. The FAR is not an investigation, no perpetrator is named and no findings are made. A family's involvement in the Family Assessment Response is voluntary. The voluntary involvement is critical and opens the door to a partnership between the family and the Department to engage in an assessment of safety, risk, strengths, and needs.

Guiding Principles of a Family Assessment Response

- Low to moderate risk neglect cases are best served through planning that includes parents as partners.
- Families want safety for their children.
- Families can meet their children's needs with supports and resources.
- Families are better able to care for their children when connections to communities are developed and strengthened.
- Communities want children to be safe and cared for.

The Family Assessment Response supports and enhances the Department's vision of increased family engagement, enhances the practice of solution based casework, assessment of family's needs and strengths, delivery of concrete and supportive services and focuses on child safety.

Goals of Family Assessment Response

- Provide early intervention to respond to low to moderate risk allegations with the possibility of preventing future high risk or unsafe situations.
- Increase scope of service delivery to provide services and resources for low to moderate risk families. Opportunity to provide services not based on abuse or neglect, but on family need for sustained and supportive parenting of their children.
- Improve Family-Centered Practice by increasing the involvement of the family in assessment and identification of their strengths and needs, and the development of a plan to address issues relating to risk of abuse or neglect.
- Increase resource identification by reviewing service needs and resource availability for immediate and long-term support outside the scope of abuse and neglect.
- Improve engagement and assessment by moving away from incident-based assessments to a comprehensive assessment of the family dynamics, strengths, issues and needs.

Reporting Child Abuse and/or Neglect

Rhode Island Department of Children, Youth and Families

Policy: 500.0000

Effective Date: July 7, 1984 Revised Date: December 9, 2011 — Version: 5

~~All persons, who have reasonable cause to know or suspect that any child has been abused and/or neglected or has been a victim of sexual abuse by another child, are required by Rhode Island General Law (RIGL) 40-11-3 to report this information to the Department of Children, Youth and Families within twenty-four (24) hours. RIGL 40-11-2 defines an "abused and/or neglected child" as a child whose physical or mental health or welfare is harmed or threatened with harm when his/her parent or other person responsible for his/her welfare:~~

- ~~Inflicts or allows to be inflicted upon the child physical or mental injury, including excessive corporal punishment; or~~
- ~~Creates or allows to be created a substantial risk of physical or mental injury to the child, including excessive corporal punishment; or~~
- ~~Commits or allows to be committed against the child, an act of sexual abuse; or~~
- ~~Fails to supply the child with adequate food, clothing, shelter or medical care, though financially able to do so or offered financial or other reasonable means to do so; or~~
- ~~Fails to provide the child with a minimum degree of care or proper supervision or guardianship because of his or her unwillingness or inability to do so by situations or conditions such as, but not limited to, social problems, mental incompetence, or the use of a drug, drugs or alcohol to the extent that the parent or other person responsible for the child's welfare loses his or her ability or is unwilling to properly care for the child; or~~
- ~~Abandons or deserts the child; or~~
- ~~Sexually exploits the child in that the person allows, permits or encourages the child to engage in prostitution as defined by the provisions of RIGL 11-34, entitled Prostitution and Lewdness; or~~
- ~~Sexually exploits the child in that the person allows, permits, encourages or engages in the obscene or pornographic photographing, filming or depiction of the child in a setting which taken as a whole suggests to the average person that the child is about to engage in or has engaged in any sexual act or which depicts any such child under eighteen (18) years of age performing sodomy, oral copulation, sexual intercourse, masturbation or bestiality; or~~
- ~~Commits or allows to be committed any sexual offense against the child (sexual offenses are defined by the provisions of RIGL 11-37, entitled Sexual Assault as amended); or~~
- ~~Commits or allows to be committed against any child an act involving sexual penetration or sexual contact if the child is under fifteen (15) years of age; or if the child is fifteen (15) years or older and (1) force or coercion is used by the perpetrator, or (2) the perpetrator knows or has reason to know that the victim is a severely impaired person as defined by the provisions of RIGL 11-5-11, or physically helpless as defined by the provisions of RIGL 11-37-6.~~

~~The Child Abuse Prevention and Treatment Act (PL 98-457) and RIGL 40-11-3 require the Department to receive and respond to reports of medical neglect, including reports of the medical neglect of or withholding medically indicated treatment from a disabled infant with life threatening conditions. Medically indicated treatment is defined as treatment, including appropriate nutrition, hydration and medication, which, in the treating physician/nurse practitioner's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting the infant's life threatening conditions. Any person who has~~

~~knowledge or suspicion of such medical neglect or withholding of medical treatment from a disabled infant (aged one year or less) must report it to the Child Protective Services Hotline immediately. While federal law provides specific protections for medically fragile infants, RI General Law requires that medical neglect or the withholding of medically indicated treatment from any child be reported to the Child Protective Services Hotline immediately.~~

~~Additionally, RIGL 14-1-3 defines a neglected child as a child whose physical or mental health or welfare is harmed or threatened with harm when his or her parent or other person responsible for his or her welfare fails to provide the child proper education as required by law.~~

~~RIGL 40-11-2 defines a "person responsible for child's welfare" as the child's parent or guardian, any individual, eighteen (18) years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child, a foster parent, an employee of a public or private residential home or facility or any staff person providing out of home care, which includes family child care, group family child care and center based child care.~~

~~The Department has a centralized intake and information system to effectively and efficiently control and monitor the flow of child abuse and/or neglect (CA/N) reports. The Child Protective Services (CPS) Hotline is staffed by Child Protective Investigators (CPI), highly trained employees who receive and process reports through the CPS Hotline twenty-four (24) hours per day, seven (7) days per week. The Rhode Island Children's Information System (RICHIST) provides instant information on previous CA/N reports and can monitor and track the progress of current investigations. Some reports are made in person or writing through US mail, electronic mail, the internet or other modality; any report is referred to the Call Floor.~~

~~In compliance with RIGL 40-11-3, all reports of child abuse and/or neglect received by the CPS Hotline are electronically recorded and maintained in RICHIST for a minimum of three (3) years. However, any person who has been reported for child abuse and/or neglect and who has been determined not to have neglected and/or abused a child will have his or her record, relative to that incident, expunged three (3) years after that determination. Additionally, reports made to the Hotline that do not meet the criteria for investigation are expunged after three (3) years.~~

~~RIGL 40-11-4 allows any person who, in good faith, makes a report of child abuse and/or neglect to have immunity from any civil or criminal liability. RIGL 40-11-3.2 makes it a misdemeanor for any person to knowingly and willfully make or cause to be made a false report of child abuse and/or neglect. RIGL 42-72-8 allows the Department to release records to the Office of the Attorney General when the Office is engaged in the investigation or prosecution of criminal conduct related to false reporting of child abuse and/or neglect.~~

Related Procedure

Reporting Child Abuse and/or Neglect

Related Policy

Criteria for a Child Protective Services Investigation Information/Referral Reports

Processing and Notifications for an Alleged Institutional Abuse/Neglect Case

~~Reporting Child Abuse and/or Neglect~~

~~Procedure from Policy 500.0000: Reporting Child Abuse and/or Neglect~~

- ~~A. The Department's Child Protective Services (CPS) Hotline provides a statewide, toll-free phone number established to receive child abuse and neglect (CA/N) reports twenty-four hours per day, seven days per week.~~
- ~~B. All reports are electronically recorded and maintained for a minimum of three years in a central registry.~~
- ~~1. Any person who has been reported for child abuse and/or neglect and who has been determined not to have neglected and/or abused a child, will have his or her record, relative to that incident, expunged three years after that determination.~~
 - ~~2. Additionally, any report made to the Hotline that does not meet the criteria for a CPS investigation is expunged after three years. Refer to Policy 500.0010, Criteria for a Child Protective Services Investigation and Policy 500.0040, Information/Referral Reports.~~
- ~~C. All CA/N reports must come through the Hotline. These include reports on families new to the Department and also on families previously and currently active with the Department.~~
- ~~D. All CA/N reports that are received by DCYF personnel other than Hotline staff must be immediately forwarded to the Hotline. This includes in person or written reports from any source.~~
- ~~E. The Department criteria for accepting or rejecting a CPS report for investigation are described in DCYF Policy 500.0010, Criteria for a Child Protective Services Investigation.~~
- ~~F. For each report received by the Hotline alleging institutional abuse and/or neglect, a CPS report is completed and processed in conformance with DCYF Policy 500.0060, Processing and Notifications for an Alleged Institutional Abuse/Neglect Case.~~
- ~~G. In conformance with the Child Abuse and Treatment Act (PL 98-457) and RI General Law 40-11-33, the Department immediately responds to any report that parents refuse, despite the reasonable medical judgment of the attending physician/nurse practitioner, to provide medically indicated treatment to a disabled infant with life threatening conditions or any child with medical needs.~~
- ~~1. Any person who has knowledge or suspicion of medical neglect or withholding of medical treatment from a disabled infant (aged one year or less) must report it to the Child Protective Services Hotline immediately. The Department coordinates and consults with the medical staff designated by the hospital.~~
 - ~~2. Any person who has knowledge or suspicion of medical neglect or withholding of medical treatment from a child must report it to the Child Protective Services Hotline immediately.~~
 - ~~3. The Department initiates legal action as necessary through the initiation of court action and pursues a court order for an independent evaluation of the infant/child when necessary to resolve allegations related to medical neglect.~~

~~Criteria for a Child Protective Services Investigation~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0010~~

~~Effective Date: July 7, 1984 Revised Date: February 24, 2014 Version: 6~~

~~The Department of Children, Youth and Families initiates a Child Protective Services (CPS) investigation when a report that meets Investigation Criteria is made to the CPS Hotline. Reports may involve families new to the Department, families actively being serviced by the Department, families previously active with the Department and incidents of institutional abuse and/or neglect. The report involves a child under eighteen years of age or under twenty one years of age if the youth is residing in foster or institutional care or if the youth is in Department custody, regardless of placement.~~

~~Investigation Criteria 1—Child Abuse/Neglect (CA/N) Report—RIGL 40-11-3 requires the Department to immediately investigate reports of child abuse and neglect. The circumstances reported, if true, must constitute child abuse/neglect as defined by RIGL 40-11-2.~~

~~Investigation Criteria 2—Non-Relative Caregiver—RIGL 42-72.1-4 requires that no parent assigns or otherwise transfers to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen years of age unless duly authorized by an order or decree of the court.~~

~~Investigation Criteria 3—Sexual Abuse of a Child by Another Child—RIGL 40-11-3 requires the Department to immediately investigate sexual abuse of a child by another child.~~

~~Investigation Criteria 4—Duty to Warn—RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. If the Hotline receives a report that a perpetrator of sexual abuse or serious physical abuse has access to another child in a family dwelling, that report is classified as an investigation and assigned for investigation.~~

~~Investigation Criteria 5—Alert to Area Hospitals—Safety of Unborn Child—RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. The Department issues an alert to area hospitals when a parent has a history of substantiated child abuse/neglect or a child abuse/neglect conviction and there is concern about the safety of a child.~~

~~A report made to the CPS Hotline that contains a concern about the well-being of a child, but does not meet the criteria for an investigation, may be classified as an Information/Referral (I/R) Report. Refer to [DCYF Policy 500.0040](#), [Information/Referral \(I/R\) Reports](#).~~

~~**Related Procedure**~~

Criteria for a Child Protective Services Investigation

Related Policy

Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3)

Information/Referral (I/R) Reports

Processing and Notifications for an Alleged Institutional Abuse/Neglect Case

Kinship Care

Criteria for a Child Protective Services Investigation

Procedure from Policy 500.0010: Criteria for a Child Protective Services Investigation

I. Investigation Criteria 1

- A. ~~The Department investigates reports that allege child abuse and/or neglect when reasonable cause to believe that abuse or neglect exists. Child Abuse/Neglect (CA/N) Reports accepted for investigation contain the following elements:~~
- ~~1. Harm or substantial risk of harm to the child (under eighteen or under twenty one years of age if in Department placement or custody) is present.~~
 - ~~2. A specific incident or pattern of incidents suggesting child abuse and/or neglect.~~
 - ~~3. A "person responsible for the child's welfare" has allegedly abused or neglected the child. RIGL 40-11-2 defines a "person responsible for the child's welfare" as the child's parent or guardian, any individual, eighteen years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child, a foster parent (relative or non-relative), an employee of a public or private residential home or facility or any staff person providing out of home care, which includes family child care, group child care and center based child care.~~
 - ~~4. Refer also to **DCYF Policy 500.0050, Standards for Investigating Child abuse and Neglect (CA/N) Reports (Levels 1, 2, 3)**.~~
- B. ~~Call Floor Child Protective Investigator (CPI) completes a Child Protective Services (CPS) report in RICHIST for all reports alleging child abuse and neglect.~~
- C. ~~Field CPI initiates an investigation within twenty four hours if the report is accepted for investigation.~~
- D. ~~An investigation relating to a foster home or child care program is conducted in conformance with **DCYF Policy 500.0060, Processing and Notifications for an Alleged Institutional Abuse/Neglect Case**.~~

II. Investigation Criteria 2: Non-Relative Caregiver

- A. ~~A CPS investigation is initiated when the Department receives a report that a parent has assigned or otherwise transferred to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen years of age, unless the arrangement was authorized by an order or decree of the court.~~
- B. ~~During the investigation, it is determined if the home is suitable for the child. If the placement is deemed appropriate, the Department licenses the caregiver if she/he meets licensing standards and is able to meet the needs of the child.~~
- C. ~~If the placement is unsuitable, the Department removes the child and places him or her in an appropriate living arrangement. If the child must be placed in out of home care, the Department must first explore potential relatives as placement resources (refer to **DCYF Policy 900.0025, Kinship Care**).~~
- D. ~~The Call Floor CPI completes a CPS report.~~

~~E. The Field CPI initiates an investigation within twenty-four hours if the report is accepted for investigation.~~

~~III. Investigation Criteria 3—Sexual Abuse of a Child by another Child~~

~~A. The Department is required by RIGL 40-11-3 to investigate allegations of sexual abuse/molestation/exploitation of a child by another child immediately. The Department initiates an investigation in conformance with DCYF Policy 500.0050: Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3).~~

~~B. The Hotline CPI completes a CPS report.~~

~~C. The Field CPI initiates an investigation within twenty-four hours if the report is accepted for investigation.~~

~~IV. Investigation Criteria 4: Duty to Warn~~

~~A. RIGL 42-72-8 allows the Department to release information if there is a risk of physical injury by the person to himself/herself or others and that disclosure of the records is necessary to reduce that risk.~~

~~B. In accordance with the law, a CPS Investigation is initiated when the Hotline receives a report that a perpetrator, who has been convicted, adjudicated or indicated for the following categories of sexual abuse or serious physical abuse, has physical access to other children in a family:~~

~~1. Convictions:~~

~~a. Murder (involving a child)~~

~~b. First degree child abuse~~

~~c. Battery by an adult upon children ten years of age or younger—serious bodily injury~~

~~d. First degree child molestation~~

~~e. Second degree child molestation~~

~~2. Adjudications in Family Court~~

~~a. Termination of Parental Rights based on finding of conduct toward a child of a cruel and abusive nature~~

~~b. Sexual abuse~~

~~3. Indicated Abuse Findings (CPS)~~

~~a. Death~~

~~b. Brain damage~~

~~c. Subdural hematoma~~

~~d. Internal injuries~~

~~e. Intercourse~~

~~f. Sexual exploitation~~

~~g. Molestation~~

~~C. The Hotline CPI completes a CPS report.~~

~~D. The Field CPI initiates an investigation within twenty-four hours if the report is accepted for investigation.~~

- ~~E. Field CPI attempts to verify any prior adjudication on a Dependency/Neglect/Abuse petition, criminal conviction in Family, District or Superior Court or a CPS indicated finding of allegations of sexual abuse and/or serious physical abuse pertaining to the alleged perpetrator.~~
- ~~F. Field CPI attempts to verify the identity of the person previously adjudicated, convicted and/or the subject of a prior CPS finding on charges/allegations of sexual abuse and/or serious physical abuse.~~
- ~~G. Prior to responding to the home, the Field CPI contacts legal counsel to determine what, if any, information can be disclosed to the primary caregiver pursuant to the provisions of RIGL 42-72-8. After-hour inquiries are referred to the on-call administrator who consults with the Chief Legal Counsel.~~
- ~~H. Field CPI responds to the home and interviews the child to determine if he/she has been a victim of any act of abuse and/or neglect by the alleged perpetrator.~~
- ~~I. Field CPI determines if there is a substantial risk of imminent physical or emotional harm to any child residing in the same household as the alleged perpetrator or to whom the alleged perpetrator has frequent access. The CPI and his/her supervisor consider any appropriate factors in assessing risk to the child, which include, but are not limited to:~~
- ~~1. How long ago the conviction, adjudication and/or indicated finding occurred;~~
 - ~~2. Whether the alleged perpetrator has engaged or is engaging in clinical treatment to address the issues of prior sexual abuse and/or serious physical abuse;~~
 - ~~3. The age of the child(ren) residing in the household;~~
 - ~~4. Whether there has been any prior Department involvement with the child who is the subject of the current investigation;~~
 - ~~5. Whether or not the family is amenable to services; and~~
 - ~~6. Whether the child has disclosed any acts of abuse and/or neglect by the alleged perpetrator.~~
- ~~J. If the CPI, in consultation with his/her supervisor, determines that there exists a substantial risk of imminent harm to the child, the CPI advises the primary caregiver that the alleged perpetrator must not be allowed further access to the child.~~
- ~~K. If the alleged perpetrator is a natural parent or legal guardian of the child and agrees to leave the home of the primary caregiver, the CPI consults with Department's Legal Counsel regarding the filing of a Dependency/Neglect/Abuse petition.~~
- ~~L. If the primary caregiver is unwilling or unable to ensure that the alleged perpetrator will not be allowed access to the child and/or the alleged perpetrator is unwilling to leave the residence of the primary caregiver, the CPI consults with legal counsel and takes immediate action to ensure the protection of the child.~~
- ~~V. Investigation Criteria 5: Alert to Area Hospitals – Safety of Unborn Child~~

- ~~A. RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by the person to himself/herself or others, and that disclosure of the records is necessary to reduce that risk.~~
- ~~B. In accordance with this law, the Department issues an alert to area hospitals when it is believed that there may be risk of harm to a child born to a parent with a history of substantiated child abuse or neglect or a child abuse/neglect conviction.~~
- ~~1. Reasons for an alert may include, but are not limited to:~~
 - ~~a. Parent has exhibited behavior or conduct that is seriously detrimental to a child of a duration that renders it improbable for the parent to care for a child for an extended period.~~
 - ~~b. Parent has subjected another child to aggravated circumstances, including abandonment, torture, chronic abuse or sexual abuse.~~
 - ~~c. Parent has committed voluntary manslaughter of another child.~~
 - ~~d. Parent has aided or abetted, attempted, conspired or solicited to commit such a murder or such a voluntary manslaughter.~~
 - ~~e. Parent has had his/her parental rights to a sibling of the child terminated involuntarily.~~
 - ~~f. There is a history of chronic substance abuse by one or both parents.~~
 - ~~g. Parent has inflicted excessive corporal punishment upon a child, resulting in physical injury to the child.~~
 - ~~h. Parent has a history of mental or emotional disability which has proven to render the parent unable to care effectively for his or her children.~~
 - ~~2. The alert requests that the hospital contact the CPS Hotline upon the birth of the infant as a result of the Department's concerns about the welfare of the child.~~
- ~~C. Issuing an Alert~~
- ~~1. An alert regarding the safety of an unborn child may be initiated by a Family Service Unit (FSU) worker, by a CPS worker or by a Juvenile Correctional Services (JCS) worker.~~
 - ~~a. An alert may be initiated by a FSU worker on an open case, on a case that will close during the pregnancy due to a Termination of Parental Rights or on a recently closed case.~~
 - ~~b. An alert may be initiated by a Call Floor CPI on a case not open to the Department.~~
 - ~~c. An alert may be initiated by a JCS worker, which includes Juvenile Probation and the Rhode Island Training School.~~
 - ~~2. Worker discusses the need for an alert with his/her supervisor and administrator in order to obtain approval.~~
 - ~~3. Upon approval, the following processes are completed:~~
 - ~~a. FSU, CPS or JCS supervisor completes a Case Activity Note (CAN) in RICHIST, indicating any special instructions, such as an available placement resource.~~
 - ~~b. Supervisor sends an e-mail to all CPS administrators informing them of the alert.~~
 - ~~c. Worker completes the DCYF # 199, Alert to Area Hospitals—Safety of Unborn Child.~~
 - ~~4. FSU, CPS or JCS supervisor and administrator sign the alert.~~
 - ~~5. FSU, CPS or JCS supervisor sends the alert to area hospitals.~~

~~D. When the Hotline receives a response to the alert upon the birth of the child, the report is reviewed. A determination is made whether the report is assigned for investigation or downgraded to an Information Referral Report in conformance with DCYF Policy 500.0040, Information/Referral (I/R) Reports.~~

~~Response Priorities – Emergency, Immediate, and Routine~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0015~~

~~Effective Date: July 7, 1984 — Revised Date: December 9, 2011 — Version: 3~~

~~Call Floor and Investigative staff must respond appropriately to each report or allegation of child abuse or neglect. The Department utilizes three categories to prioritize Call Floor and Investigative responses to all child abuse and neglect reports: Emergency, Immediate and Routine. Each response priority has criteria, a time limit for the Call Floor to process the report and a time limit for the initiation of the investigation. If there is a question about response priority, the more urgent priority is utilized.~~

~~Related Procedures~~

~~Response Priorities – Emergency, Immediate, and Routine~~

~~Related Policy~~

~~Information/Referral (I/R) Reports~~

Response Priorities – Emergency, Immediate, and Routine Procedure
from Policy 500.0015: Response Priorities – Emergency, Immediate, and Routine

- A. ~~If the child is in immediate danger and immediate police assistance is required, the Call Floor worker:~~
1. ~~Instructs the caller to notify the police and after terminating the call, notifies the police.~~
 2. ~~Puts the caller on hold and notifies the police.~~
 3. ~~Places a three party call with the police and the reporter.~~
- B. ~~Call Floor workers initially set the response priority for each referral of child abuse or neglect. The Call Floor worker searches RICHIST for prior agency involvement. Response priorities delineate the time limit for the Call Floor to process the Child Protective Services (CPS) report and for the initiation of an investigation:~~
1. ~~Emergency Response—Call Floor must process the CPS report within ten minutes after the call is completed. The Call Floor worker immediately notifies the Call Floor Supervisor. The Supervisor reviews the report and, regardless of how much information is missing, forwards the report to the Investigative Unit within ten minutes after the call is terminated. A Child Protective Investigator (CPI) responds to the report within ten minutes of assignment.~~
 2. ~~Immediate Response—Call Floor must process the CPS report within one hour after the call is completed. A CPI must respond to the report within the shift in which the call was received.~~
 3. ~~Routine Response—Call Floor must process the CPS report within one hour after the call is completed. A CPI must respond to the report within twenty four hours of assignment.~~
 4. ~~If there is a question as to which response priority to use in a particular case situation, the more urgent priority is chosen.~~
- C. ~~Response priorities reflect the level of harm or risk of harm to the child.~~
1. ~~Emergency Response criteria include:~~
 - a. ~~Child in imminent danger of physical harm.~~
 - b. ~~Child abandoned and in imminent danger (otherwise Immediate Response).~~
 - c. ~~Child unsupervised and in imminent danger (otherwise Immediate Response).~~
 - d. ~~Family may flee or child may disappear.~~
 - e. ~~Child at hospital for examination/parents present and awaiting questioning.~~
 - f. ~~Child death due to alleged child abuse or neglect/other children in family.~~
 - g. ~~Other circumstances of the case constitute an emergency.~~
 2. ~~Immediate Response criteria include:~~
 - a. ~~Alleged abuse or neglect in which the child is not in imminent danger but other risk factors are present.~~
 - b. ~~Child abandoned but not in imminent danger.~~
 - c. ~~Child unsupervised but not in imminent danger.~~
 - d. ~~Child hospitalized on seventy two hour hold.~~
 - e. ~~Child held by police/physician/nurse practitioner for DCYF~~

placement.

f. ~~Other but not emergency.~~

3. ~~Routine Response criteria are used for all other reports in which there is minimal risk of harm to the child.~~

D. ~~While certain reports clearly mandate the response priority to be used, other reports are less detailed and require a certain level of training, judgment and expertise on the part of~~

~~the worker/supervisor. Certain factors specific to the case situation, when applied to the allegations, may more clearly define risk to the child, including:~~

1. ~~The child's age, sex, physical, and mental condition.~~

2. ~~The mental and physical condition of the caretaker(s).~~

3. ~~The mental and physical condition and/or location of the alleged perpetrator(s).~~

4. ~~Any history of prior incidents/harm to the child.~~

5. ~~The need for medical attention for the child.~~

6. ~~The nature and condition of the physical environment (safety/health).~~

E. ~~The Call Floor worker completes a CPS report as completely as possible. For immediate and routine situations, the CPS report is processed in the usual manner.~~

F. ~~Upon review of the data by the Call Floor Supervisor, the Investigative Supervisor, and/or the assigned CPI, a decision may be made to change a particular response priority.~~

1. ~~For good cause a response priority can be upgraded at any time.~~

2. ~~At no time can a response priority be downgraded without prior Administrative approval.~~

3. ~~Any change in response priority must be indicated in a Case Activity Note. If downgraded, this change must be documented in a Case Activity Note by the approving Administrator.~~

G. ~~If a child or children are left unattended and an emergency response is required, the Call Floor worker asks local police to respond. If the police find a caretaker present and appropriate:~~

1. ~~The Call Floor worker who contacts and receives the return call from the police notes directly on the CPS report the information that was reported and the name of the officer who responded.~~

2. ~~If there are no other allegations, the case is not assigned as an investigation.~~

3. ~~These CPS reports are assigned to the Assistant Director for Review and downgrade to Information/Referral (I/R) Report in conformance with DCYF Policy 500.0040, Information/Referral (I/R) Reports:~~

a. ~~If downgraded, the Assistant Director documents the reason in a Case Activity Note and close the case.~~

b. ~~If not downgraded, the Assistant Director assigns the case to the Investigative Assignment Supervisor.~~

4. ~~Paragraph G, 1-3 are not to be used for other allegations which the Department is clearly responsible to investigate.~~

H. ~~Investigative Unit functions include:~~

1. ~~The completed CPS report is reviewed by the Investigative Assignment Supervisor.~~
2. ~~The referral is assigned to a CPI within the guidelines of the specific response priority.~~
3. ~~An investigation is initiated within the specified response priority time frames.~~

~~Information/Referral (I/R) Reports~~

~~Rhode Island Department of Children, Youth and Families~~

~~**Policy: 500.0040**~~

~~*Effective Date: July 7, 1984 Revised Date: May 29, 2015 Version: 4*~~

~~A report made to the Child Protective Services (CPS) Hotline that contains a concern about the well-being of a child but does not meet the criteria for an investigation (refer to **DCYF Policy 500.0010, Criteria for a Child Protective Services Investigation**) may be classified as an Information/Referral (I/R) Report. If there is a history of Department of Children, Youth and Family (hereinafter, the Department) involvement, the CPS Hotline Child Protective Investigator (CPI) reviews the report with the Hotline supervisor to determine whether or not to initiate a CPS investigation.~~

~~When an I/R Report is received relating to an active Department case, all staff involved with the case are notified. The primary service worker/supervisor must review the information upon receipt and respond accordingly.~~

~~When an I/R Report is received relating to case that is not active with the Department, and it appears that there is a service need, a referral for services may be made to CPS Intake.~~

~~**Related Procedure**~~

~~**Information/Referral (I/R) Reports**~~

~~**Related Policy**~~

~~**Criteria for a Child Protective Services Investigation**~~

Information/Referral (I/R) Reports

Procedure From Policy 500.0040: Information/Referral Reports

- A. — A report made to the Department of Children, Youth and Families (hereinafter, the Department) Child Protective Services (CPS) Hotline that contains a concern about the well-being of a child but does not meet the criteria for an investigation may be classified as an Information/Referral (I/R) Report. Refer to **DCYF Policy 500.0010, Criteria for a Child Protective Services Investigation.**
- B. — Examples of I/R Reports are listed below:
1. — Bruises with no suspicion of abuse/neglect and no history of abuse or neglect
 2. — Children not using seat belts or car seats in moving vehicles in accordance with provisions of RIGL 31-22-22
 3. — Children eleven (11) years of age or older left unsupervised during the daytime or early evening when there is no clear and present danger
 4. — Custody issues related to domestic disputes
 5. — Families or children that are reported as nuisances in the neighborhood when there is no clear and present danger
 6. — Head lice and minor hygiene problems when there is no evidence of abuse/ neglect
 7. — Physical or sexual abuse of a person, who is now an adult, if there are no minor children in the home (refer to appropriate law enforcement agency)
 8. — Overcrowded housing
 9. — Parent/child conflict where there is no allegation of physical or sexual abuse
 10. — Physical or sexual abuse reports that have already been investigated and there are no new allegations or evidence
 11. — Truancy/lack of school attendance (refer caller to appropriate agency)
 12. — Physical or sexual abuse of a child by an adult who is not considered a “person responsible for the child's welfare” when there is no evidence of parental negligence (refer caller to appropriate law enforcement agency)
 13. — Vague or general information such as “the house is dirty”, “the child has been molested” or “the child is abused” with no specific incident, no further explanation and with no credible reason to suspect abuse or neglect
 14. — Teenager is beyond parental control (refer caller to a community program or appropriate law enforcement agency)
 15. — Report of general neglect of a teenager who is not physically or developmentally disabled when report does not fit into one of the specific neglect allegation categories
 16. — Unsupervised teens disturbing the neighborhood (refer caller to appropriate law enforcement agency)

- ~~C. — If there is a history of Department involvement, the Hotline Child Protective Investigator (CPI) reviews the report with the Hotline supervisor to determine whether or not to initiate a CPS investigation.~~
- ~~D. — An I/R Report is documented in RICHIST in a CPS Report by the Hotline CPI. Refer to [RICHIST Window Help, CPS Report: Information/Referral](#).~~
- ~~E. — When an I/R Report is received relating to an active Department case, an Information/Referral Report e-mail notification is automatically sent to the primary service worker, supervisor and administrator, as well as to the licensing worker. Notification is also sent to any other line staff assigned to the case. Refer to [RICHIST Window Help, CPS Report: Information/Referral](#).~~
- ~~1. — If the I/R Report appears to require immediate attention, telephone notification is made by the Hotline supervisor directly to the primary service worker/supervisor to ensure their awareness of the circumstances.~~
 - ~~2. — Since an I/R Report is generally not investigated, the primary service worker/ supervisor must review the information upon receipt and respond accordingly within three working days, except in instances requiring immediate attention.~~
 - ~~3. — The primary service worker/supervisor acknowledges receipt of the I/R Report and documents the initial response by creating an Information/Referral Report Response Note within the CPS Report itself. Refer to [RICHIST Window Help, Create/Document Information/Referral Report Response Note](#).~~
 - ~~4. — Any subsequent responses pertaining to the I/R Report are documented by creating a Case Activity Note and selecting “CPS Related Information” as the category. Refer to [RICHIST Window Help, Case Activity Notes](#).~~
- ~~F. — When an I/R report is received relating to a case that is not active with the Department, does not meet criteria for a CPS investigation and it appears that there is a service need, a referral for services may be made to CPS Intake. Information reported suggesting that a child, youth or family may benefit from a service referral due to vulnerability may include:~~
- ~~1. — Age (including but not limited to infants and children between the ages of birth and six) and/or~~
 - ~~2. — An emotional, physical or developmental condition; and/or~~
 - ~~3. — Circumstances indicating that the caregiver’s protective capacity may be compromised.~~
- ~~G. — All calls received by CPS and classified as Information/Referrals are reviewed by the Call Floor Supervisor, who approves or disapproves of the determination to classify the call as an Information/Referral. In addition, the protocol is printed out and placed in the marked box on the Call Floor for administrative review.~~

- ~~1. At the end of the first and second shifts, a CPS Administrator removes and reviews the protocols.~~
- ~~2. The third and fourth shift's protocols are reviewed at the beginning of the day.~~
- ~~3. Weekend protocols are reviewed Monday morning.~~
- ~~4. In all cases, the CPS Administrator documents his/her review in the Information/Referral Report Log, which is maintained or destroyed in conformance with the Department's approved records retention policy.~~
- ~~5. If the Administrator determines that an Information/Referral requires upgrade, it is documented and generated as such.~~

~~Requests for Confidential Information Received Through the Call Floor~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0045~~

~~Effective Date: July 7, 1984 — Revised Date: April 6, 1990 — Version: 4~~

~~The Call Floor is the section of the Department of Children, Youth, and Families (DCYF) which receives, screens, and investigates child abuse and neglect (CA/N) reports. Information gathered and maintained by the Call Floor is kept in confidential files both written and computerized. Access to this information is governed by State and Federal laws and regulations and by Departmental policy and procedure. While select individuals and/or agencies have access to virtually all information maintained in the Call Floor (the identity of the reporter or other confidential sources must be protected at all times), most others have more limited access. In all situations access is limited to those individuals and/or agencies who have a need and a right to know such data.~~

~~Related Procedures...~~

~~Response to Request for Confidential Information Received Through the Call Floor~~

~~Call Verification and Limitations for Information Released~~

~~Other Professionals Requesting Case Information by Contacting the Call Floor~~

Response to Request for Confidential Information Received Through the Call Floor
Procedure From Policy 500.0045: Requests for Confidential Information Received Through the Call Floor

- A. ~~If subjects of a report or lawyers representing subjects request release of information, Call Floor workers/CPIs will inform them that all requests must be in written, notarized form and mailed to the Assistant Director, Division of Child Protective Services:~~
- ~~1. Any specific questions about the case or procedures followed and/or a listing of any specific information requested must be included in the letter.~~
 - ~~2. Call Floor workers/CPIs shall never release case-related information to a subject or his/her attorney while on the telephone.~~
 - ~~3. Information which may be released to subjects of a report and/or lawyers representing these subjects, with approval of the Assistant Director of Child Protective Services or his/her designee, includes the following:~~
 - ~~a. A summary of the allegations made and/or the reason for involvement with the Department. Care must be taken, however, to protect the identity of the reporter/source or other confidential informant and confidential information regarding others.~~
 - ~~b. A summary of the medical care/conditions /data regarding the child while involved with CPS. The individual should be referred to the physician/nurse practitioner/health care facility for details.~~
 - ~~c. A summary of the child's placement history during his/her involvement with CPS. However, permission should be sought from the foster parents and it should be in the best interests of the child if identifying information is to be given.~~
 - ~~d. A detailed explanation as to the results of an investigation and plans, if any, for future agency involvement.~~
 - ~~e. Confidential information from third party sources (ex. psychiatric/ psychological evaluations) shall not be released by the Department without the expressed consent of that source. However, individuals may be made aware of such reports and who to contact to obtain more information.~~
- B. ~~Access to Abuse/Neglect Reports Taken by the Call Floor~~
- ~~1. The following people have access to all abuse/neglect reports taken by the Call Floor, subject to the limitations noted or court order:~~
 - ~~a. Child Protective Investigative Staff and Social Caseworkers in the course of assessing and serving children and families.~~
 - ~~b. Law enforcement officers investigating a report of known or suspected child abuse or neglect.~~
 - ~~c. Physicians/nurse practitioners who are examining a child when the physician/nurse practitioner has reasonable cause to suspect child abuse or neglect.~~
 - ~~d. The Attorney General or Assistant Attorneys General when that office is engaged in the investigation of or prosecution of criminal conduct of another relating to the child or other children within the same family unit.~~
 - ~~e. The Office of the Child Advocate as defined by State law (see Rhode Island General Law (RIGL) 62-73-8).~~
 - ~~f. A grand jury when it determines that access is necessary to conduct its business.~~
 - ~~g. A court upon its finding that access is necessary to determine an issue before the court with such access limited to in camera inspection unless the court determines that public disclosure of the information is necessary.~~
- C. ~~Persons Eligible to Receive Oral Information Through the Call Floor:~~
- ~~1. Physicians/nurse practitioners, law enforcement officers, and at times the Office of the Attorney General and the Office of the Child Advocate shall receive oral information~~

- ~~through the Call Floor (excluding reporter/source information) subject to the limitations noted. All others must send a written request.~~
- ~~2. Verbal information released by Call Floor workers/CPIs to these individuals shall be limited to that contained in investigative files and in the CPS data base. This shall include, but is not limited to, the dates and content of abuse/neglect reports or other CPS involvement and the results of specific investigations or other CPS intervention. Information contained in ongoing DCYF service files shall be released only as stipulated in policy.~~
 - ~~3. In all situations the Call Floor worker/CPI must verify the identity of the caller before releasing any information.~~

Call Verification and Limitations for Information Released

Procedure From Policy 500.0045: Requests for Confidential Information Received Through the Call Floor

- A. ~~Procedures for call verification and limitations for information released are as follows:~~
- ~~1. Physician/nurse practitioner – A physician/nurse practitioner is given information only when he/she is examining a child and has reasonable cause to suspect child abuse or neglect. Elicit the name of the physician/nurse practitioner and the phone number of the hospital/health care facility. Call directory assistance or otherwise verify the number given. Telephone the caller after verification has been completed.~~
 - ~~2. Law Enforcement Officer – Establish the name of the officer, his/her present location and phone number, and the phone number of the police department. Use the Resource Directory or otherwise verify the phone number of the law enforcement agency. Call the law enforcement agency to verify that the officer is currently on duty and to verify his present location. Telephone the officer once verification has been completed. A law enforcement officer is given information only when he/she is investigating a report of known or suspected child abuse or neglect.~~
 - ~~3. The Attorney General or Assistant Attorneys General – The Attorney General or Assistant Attorneys General have access to abuse/neglect reports in the Call Floor only when that office is engaged in the investigation of or prosecution of criminal conduct of another relating to the child or other children within the same family unit. Except in emergency situations, the Attorney General's Office shall send a written request for information to the Assistant Director, Division of Child Protective Services. This request shall include an explanation as to the involvement of that office with the individual(s) specified and the specific information requested. The DCYF Legal Office must be consulted before any specific information is released to the Attorney General's Office. In emergency situations where immediate information is required by the Attorney General's Office, the following verification procedure shall be used:~~
 - ~~a. Elicit the name of the caller, his/her phone number, the extent of involvement of the Attorney General's Office with the individual(s) specified, and the specific information requested.~~
 - ~~b. Call directory assistance or otherwise verify the number given.~~
 - ~~c. Consult the DCYF Legal Office once the identity of the caller has been verified and the information requested has been located.~~
 - ~~d. Telephone the caller after verification has been completed and release information only as instructed by Legal Counsel.~~
 - ~~4. The Office of the Child Advocate – As defined in RIGL 42-73-8, the Office of the Child Advocate shall have access to the names of all children involved with DCYF, their location if in custody, all reports of child abuse and neglect, and all current records. Except in emergency situations, the Office of the Child Advocate shall send a written request for information to the Assistant Director, Division of Child Protective Services including the name and date of birth of the specific individual(s) and the specific information requested. In emergency situations where immediate information is required by the Office of the Child Advocate, the following verification procedure shall be used:~~
 - ~~a. Elicit the name of the caller, his/her phone number, and the specific information requested.~~
 - ~~b. Call directory assistance or otherwise verify the number given.~~
 - ~~c. Call back the caller once verification has been completed.~~

Other Professionals Requesting Case Information by Contacting the Call Floor
Procedure From Policy 500.0045: Requests for Confidential Information Received Through the Call Floor

~~A.—Certain other professionals who contact the Call Floor requesting case information may be provided limited information subject to the following conditions. Disclosure to professional under this section is permitted only as authorized under R.I.G.L. 42-72-8. Therefore, limited information is defined as only that information which is necessary to enable the professional to engage in the activity outlined in that section of the General Laws as warranting disclosure. Identities of involved persons other than the person being treated, evaluated, diagnosed, educated or placed will not be disclosed unless essential to said treatment, evaluation, diagnosis, education, or placement. Professionals who have access to limited information include:~~

- ~~1.—Other DCYF employees (Social Work, Supervisory, Administrative Staff).~~
- ~~2.—Other State employees (Social Work, Supervisory, and Administrative Staff of SRS, MHRH, etc.).~~
- ~~3.—School Department/Head Start (Student Relations/Social Service, Administration, Principals).~~
- ~~4.—Visiting Nurse Association.~~
- ~~5.—Mental Health Professionals (Counselors, Psychologists/Psychiatrists, Administration).~~
- ~~6.—Comprehensive Emergency Services.~~
- ~~7.—Family Court (Judges and their designees, CASA volunteers, Guardians ad Litem).~~
- ~~8.—DCYF vendors (foster parents, group home staff, etc. limited to children presently in their care).~~

~~B.—Telephone Requests~~

~~For all telephone requests the Call Floor worker/CPI must elicit the caller's name, the name of the school, agency community organization, etc. that he/she represents and his/her address and telephone number for verification.~~

~~Call directory assistance, check the Resource Directory, or otherwise verify the number of the school, agency, community organization, etc. When necessary, call the agency to verify the caller's employment (for example, when the caller is phoning from another location). Telephone the caller after verification has been completed.~~

~~C.—Written Requests:~~

- ~~1.—For written requests the following information must be included, subject to the conditions noted:
 - ~~a.—The name of the individual/agency requesting information.~~
 - ~~b.—The name of the school, agency, community organization etc. that he/she represents and his/her address and telephone number.~~
 - ~~c.—The name(s) of the individual(s) about whom the information is requested.~~
 - ~~d.—Except for other DCYF employees and Family Court (including CASA Volunteers and Guardians ad Litem), such requests must be accompanied by a release of confidential information signed by the individual(s) about whom the information is requested before any detailed information will be given.~~~~

~~D.—Ascertaining Need and Right to Know Information:~~

~~It must be clearly ascertained why the individual or agency is requesting information and that he/she has the need and the right to know such information as defined in RIGL 42-72-8 (Confidentiality).~~

~~In addition the individual or agency must currently be involved with the child or his/her immediate family (parents/siblings). The individual or agency must appear on the above~~

~~list of approved individuals, or prior Administrative approval must be obtained for the release of information.~~

~~E. Information That Can Be Released~~

- ~~1. Information that can be released depends on who receives the request and the status of the case. Call Floor workers may only verify either that CPS is currently active and provide the name and phone number of the assigned CPI/supervisor or that there is no current CPS involvement. The Call Floor worker shall not confirm or deny prior CPS involvement with a child or family. If the caller requests additional information, he/she shall be instructed to send a written request addressed to the Assistant Director, Division of Child Protective Services and to include a signed confidential release. If there is no current CPS involvement but the caller suggests or requests verification of other DCYF involvement, the Call Floor worker shall refer that individual to Masterfile.~~
- ~~2. CPIs/supervisors can release any or all of the information detailed in Procedure in Response to Request for Confidential Information Received through the Call Floor, subject to proper authorization (confidential release, court order, Administrative approval) and the documented need and right of that individual to know such information. Any disclosure of confidential information either oral or written, must be documented in a Case Activity Note (If there is any question as to the authorization to release information to any individual, supervisory and if necessary Administrative approval must be sought prior to that release.~~
- ~~3. In the instance of an investigation wherein the allegation is unfounded there shall be no disclosure or release of information related thereto without the written authorization of the person who had been the alleged perpetrator or leave of court after notice to said person and an opportunity to be heard, or as otherwise specifically provided in law.~~

Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3)

Rhode Island Department of Children, Youth and Families

Policy: 500.0050

Effective Date: July 7, 1984 ————— **Revised Date: February 24, 2014** ————— **Version: 7**

The Department of Children, Youth and Families (hereinafter, the Department) has established definitions and standards for investigating child abuse and/or neglect (CA/N) reports. These standards contain general directives for the handling of all investigations and designate different activities that are completed by the Child Protective Services (CPS) Hotline or Field Child Protective Investigator (CPI). Each investigative level (1, 2, and 3) is based on specific allegations prioritized in accordance with the severity of harm or threat of harm to the child. The assessment of the safety of a child is a critical component of a child protective investigation.

Rhode Island General Law 40-11-7 requires child abuse and/or neglect investigations to include personal contact with each child named in the report as well as any other children in the household or child care facility. In compliance with the statute, the Field CPI makes every effort to locate and interview each child residing in the household or present in the child care facility at the time the abuse and/or neglect took place, whether or not he or she is the alleged victim. When the alleged perpetrator is the parent or guardian of a child victim, the CPI makes every effort to confirm the past and present whereabouts of any child of that parent or guardian not residing in the household at the time of the alleged incident of abuse and/or neglect.

The Field CPI interviews the child, if the child is of the mental capacity to be interviewed, in the absence of the person responsible for the alleged abuse and/or neglect. In addition, the CPI has the right to question the child without the consent of the parent or other person responsible for the child's welfare. In the event that the CPI is denied reasonable access to the child, he or she may request the intervention of the local law enforcement agency or seek an appropriate court order to examine and interview the child.

Upon receipt of a CA/N report, the Hotline CPI initially sets the investigative standard (Level 1, 2, 3) based on the allegation of abuse and/or neglect. Each level has specific responsibilities that are performed by the Field CPI in the course of his or her investigation. The CPI Supervisor may upgrade the investigative level when circumstances warrant such a change. The Field CPI is then required to complete all responsibilities associated with the new investigative level.

The CPI or Supervisor may never downgrade the level of investigation. However, in certain circumstances, such as when the initial investigation proves the allegation to be false, the CPI may be allowed to omit specific tasks with administrative approval.

Related Procedure

[Definitions and Standards for Investigating Child Abuse and Neglect \(CA/N\) Reports \(Levels 1, 2, 3\)](#)

Related Policy

[Criteria for a Child Protective Services Investigation](#)

[Removal of Child from Home](#)

[Police Involvement in Child Protective Investigation](#)

[Implementing the Indian Child Welfare Act](#)

[State of Rhode Island Regulations for Child Placing Agencies \(Child Placing Regulations\)](#)

[Residential Child Care Regulations for Licensure](#)

[Child Day Care Center School Age Child Day Care Program](#)

[Group Family Child Care Home Regulations for Licensure](#)

[Child Day Care Center Regulations for Licensure](#)

[Family Child Care Home Regulations for Licensure](#)

[Foster Care and Adoption Regulations for Licensure](#)

Definitions and Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3)

Procedure from Policy 500.0050: Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3)

- E. ~~The Department investigates reports that allege child abuse and/or neglect when reasonable cause to believe that abuse or neglect exists. Child Abuse/Neglect (CA/N) Reports accepted for investigation contain the following elements:~~
- ~~1. Harm or substantial risk of harm to the child (under eighteen or under twenty one years of age if in Department placement or custody) is present.~~
 - ~~2. A specific incident or pattern of incidents suggesting child abuse and/or neglect.~~
 - ~~3. A caregiver (a person responsible for the child's welfare) has allegedly abused or neglected the child. RIGL 40-11-2 defines "person responsible for the child's welfare" as the child's parent or guardian, any individual, eighteen years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child, a foster parent (relative or non-relative), an employee of a public or private residential home or facility or any person providing out of home care, which includes family child care, group child care and center based child care.~~
 - ~~4. Within the context of this policy, a medical professional is an individual duly licensed by the RI Department of Health (RI DOH), acting within the scope of practice defined by the RI DOH.~~
 - ~~5. Within the context of this policy, a behavioral health professional is an individual duly licensed by the RI Department of Health (RI DOH), acting within the scope of practice defined by the RI DOH.~~
 - ~~6. Within the context of this policy, an educational professional is an individual duly licensed or certified or credentialed by the RI Department of Elementary and Secondary Education (RIDE) and working with the parameters identified by RIDE.~~
- F. ~~Within the parameters of paragraph A, above, definitions of child abuse and neglect allegations (refer also to **DCYF Policy 500.0010, Criteria for a Child Protective Services Investigation** and **DCYF Policy 500.0060: Processing and Notifications for an Alleged Institutional Abuse/Neglect**):~~
- ~~1. Death~~
 - ~~a. Permanent cessation of all vital functions.~~
 - ~~b. Death as an allegation is indicated if a medical professional and/or a law enforcement officer determines and/or verifies that the child is dead.~~
 - ~~2. Brain Damage/Skull Fracture~~
 - ~~a. Brain damage injury to the large soft mass of nerve tissue contained within the cranium/skull.~~
 - ~~b. Skull Fracture: A broken bone in the skull.~~

- a. — ~~Poisoning: Any substance taken into the body by ingestion, inhalation, injection, or absorption that interferes with normal physiological functions. Virtually any substance may be poisonous if consumed in sufficient quantity; therefore, the term poison more often implies an excessive degree of dosage rather than a specific group of substances.~~
 - b. — ~~Noxious: Harmful, injurious and not wholesome.~~
 - c. — ~~To indicate this allegation a medical professional or a law enforcement officer is the source of the diagnosis or verification.~~
7. — ~~Wounds~~
- a. — ~~An injury to the child's body caused by a knife, gunshot or other potentially lethal weapon in which the skin or other tissue is broken, pierced, cut or torn.~~
 - b. — ~~To indicate this allegation a medical professional or a law enforcement officer is the source of the diagnosis or verification.~~
8. — ~~Malnutrition/Starvation~~
- a. — ~~Lack of necessary or proper, or complete lack of necessary or proper food substances in the body, which may be caused by inadequate food, lack of food or insufficient amount of vitamins.~~
 - b. — ~~To indicate this allegation a medical professional or a law enforcement officer is the source of the diagnosis or verification.~~
9. — ~~Bone Fracture: A fracture is a broken bone. There are ten types of fractures, the most common being:~~
- a. — ~~Simple: The bone is broken, but there is no external wound.~~
 - b. — ~~Compound: The bone is broken and there is an external wound leading down to the site of fracture, or fragments of bone protrude through the skin.~~
 - c. — ~~Complicated: The bone is broken and has injured some internal organ, such as a broken rib piercing a lung.~~
 - d. — ~~Spiral: Twisting caused the line of the fracture to encircle the bone in the form of a spiral.~~
 - e. — ~~To indicate this allegation a medical professional or a law enforcement officer is the source of the diagnosis or verification.~~
10. — ~~Excessive/Inappropriate Discipline: An action taken by a caregiver in which the following conditions or factors are present:~~
- a. — ~~The discipline is the result of an action or inaction by the child;~~
 - b. — ~~The intensity of the caregivers reaction does not correspond with the seriousness (or lack) of the child's action/inaction;~~
 - c. — ~~The discipline administered is inappropriate or not in the child's best interest based upon the child's age or level of functioning;~~
 - d. — ~~It is apparent that the caregiver did not control his/her reaction by stopping the punishment. One of the following is also present:~~
 - i. — ~~Bodily injury;~~
 - ii. — ~~Undue emotional stress on the child.~~

- ~~e. To indicate this allegation a medical professional, a behavioral health professional, a law enforcement officer or child protective investigator is the source of the diagnosis or verification.~~
- ~~11. Cut/Bruises/Welts~~
 - ~~a. Cut: An opening incision, or break in the skin made by some external agent.~~
 - ~~b. Bruise: An injury resulting in bleeding within the skin, where the skin is discolored but not broken. Bruises are usually classified by size:
 - ~~i. Petechiae: Very small bruises caused by broken capillaries; it may be the result of trauma or may be caused by clotting disorders.~~
 - ~~ii. Purpura: Petechiae which occur in groups or a small bruise (up to a centimeter in diameter).~~
 - ~~iii. Ecchymosis: A larger bruise.~~
 - ~~iv. Welt: An elevation on the skin produced by a lash, blow, or allergic stimulus. The skin is not broken and the mark is reversible.~~~~
 - ~~c. To indicate this allegation, a child protective investigator, a medical professional or law enforcement officer is the source of the diagnosis or verification.~~
- ~~12. Human Bites~~
 - ~~a. A wound, bruise, cut or indentation in the skin caused by seizing, piercing or cutting the skin with human teeth.~~
 - ~~b. To indicate this allegation, a child protective investigator, a medical professional or law enforcement officer is the source of the diagnosis or verification.~~
- ~~13. Sprains/Dislocations~~
 - ~~a. Sprain: Trauma to a joint, which causes pain and disability depending upon the degree of injury to ligaments. In a severe sprain, ligaments may be completely torn. The signs are rapid swelling, heat and disability, often discoloration and limitation of function.~~
 - ~~b. Dislocation: The displacement of any part, especially the temporary displacement of a bone from its normal position in a joint. Types include:
 - ~~i. Closed: A simple dislocation.~~
 - ~~ii. Complete: A dislocation which completely separates the surfaces of joint.~~
 - ~~iii. Complicated: A dislocation associated with other major injuries.~~
 - ~~iv. Compound: Dislocation in which the joint is exposed to the external air.~~~~
 - ~~c. To indicate this allegation, a child protective investigator, a medical professional or law enforcement officer is the source of the diagnosis or verification.~~

~~14. Tying/Close confinement~~

- ~~a. Unreasonable restriction of a child's mobility, actions or physical functioning by tying the child to a fixed (or heavy) object, tying limbs together or forcing the child to remain in a closely confined area that restricts physical movement. Examples include, but are not limited to:
 - ~~i. Locking or otherwise requiring a child to remain in a room for an unreasonable period of time.~~
 - ~~ii. Locking a child in a closet, for any period of time.~~
 - ~~iii. Tying one or more limbs to a bed, or other object.~~
 - ~~iv. Tying a child's hand behind his or her back.~~~~
- ~~b. To indicate this allegation, a child protective investigator, a medical professional, a behavioral health professional or law enforcement officer is the source of the diagnosis or verification.~~

~~15. Drug/Alcohol Abuse~~

- ~~a. Drug abuse: The use or overuse of any substance that when taken into the body may modify one or more of its functions. Use of a drug in a manner that deviates from the prescribed pattern.~~
- ~~b. Alcohol Abuse: Alcohol is a specified type of drug that is present in fermented or distilled liquor. Alcohol abuse implies excessive or inappropriate use of alcohol that effects motor coordination and judgment. Fetal alcohol syndrome or withdrawal from drugs at birth, which is caused by a mothers' alcohol or drug addiction/abuse, is considered child abuse.~~
- ~~c. To indicate this allegation, one of several types of evidence is needed:
 - ~~i. confession of perpetrator;~~
 - ~~ii. statement of witnesses;~~
 - ~~iii. statement of victim;~~
 - ~~iv. observation by or findings of a child protective investigator, law enforcement, medical professional or behavioral health professional.~~~~

~~16. Emotional Abuse/Neglect~~

- ~~a. Failure of a caregiver to seek or obtain appropriate psychiatric or psychological diagnostic and treatment services when there is reasonable evidence to show emotional impairment and/or the condition, if left untreated, could become severe enough to be detrimental to the emotional well being of the child.~~
- ~~b. Confirmation or findings of a medical professional or behavioral health professional of Impairment to the intellectual or psychological capacity of a child.~~
- ~~c. To indicate this allegation, a medical professional or a behavioral health professional (such as a physician, psychiatrist or clinical social worker) is the source of diagnosis or findings.~~

~~17. Sexually Transmitted Disease~~

- a. ~~Disease acquired as a result of sexual intercourse with an affected individual, to include:
 - i. ~~gonorrhea~~
 - ii. ~~non-specific urethritis~~
 - iii. ~~syphilis~~
 - iv. ~~chaneroid~~
 - v. ~~genital condidiadis~~
 - vi. ~~lymphorganuloma venereum~~
 - vii. ~~granuloma inquinae~~
 - viii. ~~genital herpes~~
 - ix. ~~genital warts~~
 - x. ~~balanoposthitis~~
 - xi. ~~proctitis~~~~
- b. ~~To indicate this allegation, a medical professional or law enforcement officer is the source of the diagnosis or verification.~~

18. ~~Sexual Intercourse~~

- a. ~~Sexual contact involving two or more individuals, one of whom is a caregiver and one of whom is under eighteen years of age, which may involve oral, genital, or anal sexual penetration and is also referred to as coition, coitus and copulation.~~
- b. ~~Sexual contact involving individuals under the age of eighteen, which mimics adult sexual behavior:
 - i. ~~Such behavior includes, but is not limited to:
 - ~~oral, anal and /or vaginal penetration;~~
 - ~~fondling or touching;~~
 - ~~exposure to pornographic materials.~~~~
 - ii. ~~Such behavior is not developmentally appropriate nor curiosity based and involves one of the following elements:
 - ~~age, size, emotional and/or cognitive disparity;~~
 - ~~force, threats, coercion or shame.~~~~~~
- c. ~~Sexual contact involving an individual under the age of eighteen and an individual between eighteen and twenty-one in the care of the Department that mimics adult sexual behavior:
 - i. ~~Such behavior includes, but is not limited to:
 - ~~oral, anal and /or vaginal penetration;~~
 - ~~fondling or touching;~~
 - ~~exposure to pornographic materials.~~~~
 - ii. ~~Such behavior is not developmentally appropriate nor curiosity based and involves one of the following elements:
 - ~~age, size, emotional and/or cognitive disparity;~~
 - ~~force, threats, coercion or shame.~~~~
 - iii. ~~To indicate this allegation, one of several types of evidence is needed:
 - ~~confession by perpetrator/youthful offender;~~~~~~

- ~~observation by or findings of a child protective investigator, law enforcement, medical professional or behavioral health professional;~~
 - ~~statements of witnesses;~~
 - ~~statement of victim.~~
- d. ~~In most instances, a physical examination of the alleged victim is required prior to making a determination. Polygraph examination may be used as credible evidence in indicating or unounding a report.~~
19. ~~Sexual Exploitation~~
- a. ~~Unethical or illegal sexual use of an individual under the age of eighteen for the caregiver's gratification, advantage, or profit excluding intercourse or molestation by the caregiver.~~
 - b. ~~Unethical or illegal sexual use of an individual under the age of eighteen for the gratification, advantage or profit excluding intercourse or molestation by an individual under eighteen years of age.~~
 - c. ~~Unethical or illegal sexual use of an individual between eighteen and twenty one years of age in the care of the Department by an individual under the age of eighteen, or of an individual under the age of eighteen by an individual between eighteen and twenty one in the care of the Department, for gratification, advantage or profit excluding intercourse or molestation.~~
 - d. ~~To indicate this allegation, one of several types of evidence is needed:~~
 - i. ~~confession of perpetrator/youthful offender;~~
 - ii. ~~statement of witnesses;~~
 - iii. ~~statement of victim;~~
 - iv. ~~observation by or findings of a child protective investigator, law enforcement, medical professional or behavioral health professional.~~
20. ~~Sexual Molestation~~
- a. ~~Contacts or interaction exclusive of sexual intercourse between an individual under the age of eighteen and a caregiver when the individual under the age of eighteen is being used as an object of gratification for another individual's sexual needs and desires. Sexual molestation may occur by explicitly verbally enticing, fondling, masturbating or exposing sexual organs by another individual; or~~
 - b. ~~Contacts or interaction exclusive of sexual intercourse between individuals under the age of eighteen when one is being used as an object of gratification for the other's sexual needs and desires. Sexual molestation may occur by explicitly verbally enticing, fondling, masturbating or exposing sexual organs by another individual; or~~

- e. ~~Contacts or interaction exclusive of sexual intercourse between an individual under the age of eighteen and an individual between eighteen and twenty-one in the care of the Department when one of the individuals is being used as an object of gratification for the other's sexual needs and desires. Sexual molestation may occur by explicitly verbally enticing, fondling, masturbating or exposing sexual organs by another individual.~~
 - d. ~~To indicate this allegation, one of several types of evidence is needed:

 - i. ~~confession of perpetrator/youthful offender;~~
 - ii. ~~statement of witnesses;~~
 - iii. ~~statement of victim;~~
 - iv. ~~observation by or findings of a child protective investigator, law enforcement, medical professional or behavioral health professional.~~~~
21. ~~Lack of Supervision/Caregiver~~
- a. ~~Failure to oversee and manage the child although the caregiver is present and potential risk of harm to the child is present.~~
 - b. ~~To indicate this allegation, one of several types of evidence is needed:

 - i. ~~confession by caregiver;~~
 - ii. ~~observation by or findings of child protective investigator, law enforcement, medical or behavioral health professional~~
 - ;
 - iii. ~~witness statements;~~
 - iv. ~~statement of victim.~~~~
22. ~~Lack of Supervision/No Caregiver~~
- a. ~~Failure to oversee or to arrange for supervision of a child, and potential risk of harm to the child is present.~~
 - b. ~~To indicate this allegation, one of several types of evidence is needed:

 - i. ~~confession of perpetrator;~~
 - ii. ~~statement of witnesses;~~
 - iii. ~~statement of victim;~~
 - iv. ~~observation by or findings of a child protective investigator, law enforcement or medical professional or behavioral health professional.~~~~
23. ~~Abandonment~~
- a. ~~The legal caregiver's intentional relinquishment of caretaking and parenting responsibility, which results in the current risk of harm to the child. If there is no current risk of harm, the condition is considered as dependency.~~
 - b. ~~To indicate this allegation, one of several types of evidence is needed:

 - i. ~~confession of caregiver;~~~~

- ii. ~~observation by or findings of a child protective investigator, law enforcement or medical professional or behavioral health professional;~~
- iii. ~~witness statements;~~
- iv. ~~statement of victim.~~

24. ~~Inadequate Food~~

- a. ~~Failure to provide or have available food adequate to sustain normal functioning.~~
- b. ~~To indicate this allegation, one of several types of evidence is needed:~~
 - i. ~~confession of caregiver;~~
 - ii. ~~observation by or findings of a child protective investigator, law enforcement or medical professional;~~
 - iii. ~~witness statements;~~
 - iv. ~~statement of victim.~~

25. ~~Inadequate Shelter~~

- a. ~~Failure by the parent/caregiver to provide or seek to provide shelter which is safe, healthy, and sanitary and which protects the child from the weather conditions, and/or other risk situations.~~
- b. ~~To indicate this allegation, one of several types of evidence is needed:~~
 - i. ~~confession of caregiver;~~
 - ii. ~~observation by or findings of a child protective investigator, law enforcement or medical professional;~~
 - iii. ~~witness statements;~~
 - iv. ~~statement of victim.~~

26. ~~Inadequate Clothing~~

- a. ~~A child is inadequately clothed if:~~
 - i. ~~the clothing is consistently dirty, torn, ill fitted, worn thin, or;~~
 - ii. ~~the clothing is not suitable for weather conditions such as wearing a cotton t-shirt and sandals to school in the winter.~~
- b. ~~To indicate this allegation, one of several types of evidence is needed:~~
 - i. ~~confession of caregiver;~~
 - ii. ~~observation by or findings of a child protective investigator, law enforcement or medical professional;~~
 - iii. ~~witness statements;~~
 - iv. ~~statement of victim.~~

27. ~~Medical Maltreatment~~

- a. ~~Acts by a caregiver resulting in unnecessary, harmful or potentially harmful medical care to a child. The unnecessary medical care may be the result of either a pattern of persistent misinformation provided by the caregiver to a medical professional or falsification of symptoms or actual induction of illness in the child by the caregiver.~~

- ~~b. Abuse is attributable to a pattern of behavior by the caregiver.~~
 - ~~c. Direct harm to the child resulting from the induction of illness, such as non-accidental poisoning or suffocation, is considered assault.~~
 - ~~d. To indicate this allegation a medical professional is the source of the diagnosis or verification. The harmful or potentially harmful medical care cannot be solely the result of medical error.~~
- ~~28. Medical Neglect~~
- ~~a. Failure of a caregiver to provide medically indicated treatment to a child. Medically indicated treatment is defined as treatment, including appropriate nutrition, hydration and medication, which, in the treating medical professional's reasonable medical judgment, is likely to be effective in ameliorating or correcting an infant, child or youth's medical condition, including life threatening conditions. The Child Abuse Prevention and Treatment Act (PL 98-457) and RIGL 40-11-3 require the Department to receive and respond to reports of medical neglect, including reports of the medical neglect of or withholding medically indicated treatment from a disabled infant with life threatening conditions.~~
 - ~~b. Failure of caregiver to seek medical or dental treatment for a health problem or condition which, if untreated, could become severe enough to represent a danger to the child.~~
 - ~~c. Failure of caregiver to follow through on a prescribed treatment plan for the child to assist in alleviating the health problem or condition.~~
 - ~~d. Failure to obtain all necessary immunizations as prescribed by state law.~~
 - ~~e. To indicate this allegation a medical professional is the source of the diagnosis or verification.~~
- ~~29. Educational Neglect~~
- ~~a. In accordance with state law, any minor aged seven to sixteen, who is not meeting mandated educational requirements with the consent, encouragement, or insistence of the parent/caregiver. Educational neglect exists only after remediation attempts have been undertaken by school personnel, including attendance officers, court, and school social workers, and there is reason to believe the parent/caregiver is involved.~~
 - ~~b. To indicate this allegation, an educational professional is the source of the verification.~~
- ~~30. Failure to Thrive~~
- ~~a. A serious medical condition most often seen in young children. The child's weight, height, and motor development fall significantly short of the average growth rates of normal children. In ten percent of these cases, there is an organic cause such as a serious kidney, heart or intestinal disease, a genetic error of~~

metabolism or brain damage. All other cases are a result of a disturbed parent-child relationship manifested in severe physical and emotional neglect of the child.

b. In order to indicate this allegation, a medical professional provides verification.

31. Corporal Punishment

a. Any action which constitutes infliction of a deliberate physical contact on a child in out of home care for circumstances other than protection of the child or others by a foster parent (relative or non-relative), an employee of a public or private residential home or facility or any person providing out of home care, which includes family child care, group child care and center-based child care. Refer also to DCYF Policy 500.0060: Processing and Notifications for an Alleged Institutional Abuse/Neglect; State of Rhode Island Regulations for Child Placing Agencies (Child Placing Regulations); Residential Child Care Regulations for Licensure; Child Day Care Center School Age Child Day Care Program; Group Family Child Care Home Regulations for Licensure; Child Day Care Center Regulations for Licensure; Family Child Care Home Regulations for Licensure; and Foster Care and Adoption Regulations for Licensure.

b. To indicate this allegation one of several types of evidence is needed:

i. confession by perpetrator;

ii. observation by or findings of a child protective investigator, law enforcement, medical professional or behavioral health professional;

iii. witness statement;

iv. victim statement.

32. Inappropriate Restraint

a. Any physical action or use of mechanical devices by a foster parent (relative or non-relative), an employee of a public or private residential home or facility or any person providing out of home care, which includes family child care, group child care and center-based child care, which sets inappropriate limitations on a child and/or which are not consistent with approved policy and procedures. Refer also to DCYF Policy 500.0060: Processing and Notifications for an Alleged Institutional Abuse/Neglect; State of Rhode Island Regulations for Child Placing Agencies (Child Placing Regulations); Residential Child Care Regulations for Licensure; Child Day Care Center School Age Child Day Care Program; Group Family Child Care Home Regulations for Licensure; Child Day Care Center Regulations for Licensure; Family Child Care Home Regulations for Licensure; and Foster Care and Adoption Regulations for Licensure.

- b. ~~To indicate this allegation one of several types of evidence is needed:~~
 - i. ~~confession by perpetrator;~~
 - ii. ~~observation by or findings of a child protective investigator, law enforcement, medical professional or behavioral health professional;~~
 - iii. ~~witness statement;~~
 - iv. ~~victim statement.~~

~~33. Domestic Violence~~

- a. ~~Action or circumstance that may be defined as or may include physical or emotional or sexual aggression and where at least one individual involved is a caregiver and which results in harm or the potential risk of harm to the physical or emotional well-being of a child.~~
- b. ~~To indicate this allegation one of several types of evidence is needed:~~
 - i. ~~confession by perpetrator;~~
 - ii. ~~observation by or findings of a child protective investigator, law enforcement, medical professional or behavioral health professional;~~
 - iii. ~~witness statement;~~
 - iv. ~~victim statement.~~

~~34. Other Abuse/Neglect~~

- a. ~~Any action or lack of action by a parent or caregiver or person responsible for a child's welfare which results in harm or potential harm to the physical, mental health, behavioral health or welfare of the child and which is not covered by the other allegations.~~
- b. ~~To indicate this allegation one of several types of evidence is needed:~~
 - i. ~~confession by caregiver;~~
 - ii. ~~observation by or findings of a child protective investigator, law enforcement, medical professional, behavioral health professional or educational professional;~~
 - iii. ~~documentation from fire, housing or health inspectors;~~
 - iv. ~~witness statement;~~
 - v. ~~victim statement.~~

~~35. Other Institutional Abuse/Neglect~~

- a. ~~Any action or lack of action by foster parent (relative or non-relative), an employee of a public or private residential home or facility or any person providing out-of-home care, which includes family child care, group child care and center-based child care, which results in harm or potential harm to the physical, mental health, behavioral health or welfare of the child and which is not covered by the other allegations. Refer also to DCYF Policy 500.0060: Processing and Notifications for an Alleged Institutional Abuse/Neglect; State of Rhode Island Regulations~~

~~for Child Placing Agencies (Child Placing Regulations); Residential Child Care Regulations for Licensure; Child Day Care Center School Age Child Day Care Program; Group Family Child Care Home Regulations for Licensure; Child Day Care Center Regulations for Licensure; Family Child Care Home Regulations for Licensure; and Foster Care and Adoption Regulations for Licensure.~~

- b. ~~Any action which occurs as a result of policies, practices or conditions in these settings which results in harm or potential harm to the physical, mental health, behavioral health or welfare of the child and which is not covered by the other allegations. Refer also to DCYF Policy 500.0060: Processing and Notifications for an Alleged Institutional Abuse/Neglect; State of Rhode Island Regulations for Child Placing Agencies (Child Placing Regulations); Residential Child Care Regulations for Licensure; Child Day Care Center School Age Child Day Care Program; Group Family Child Care Home Regulations for Licensure; Child Day Care Center Regulations for Licensure; Family Child Care Home Regulations for Licensure; and Foster Care and Adoption Regulations for Licensure.~~
- e. ~~To indicate this allegation one of several types of evidence is needed:
 - i. ~~confession by perpetrator;~~
 - ii. ~~observation by or findings of a child protective investigator, law enforcement, medical professional, behavioral health professional or educational professional;~~
 - iii. ~~witness statement;~~
 - iv. ~~victim statement;~~
 - v. ~~policy, procedures and/or directives or conditions that result in harm or potential harm to the physical, mental health, behavioral health or welfare of the child.~~~~

G. ~~The Hotline CPI determines the investigative level (1, 2, and 3) for each report of child abuse or neglect.~~

- 1. ~~The level of investigation is noted on the CPS Report.~~
- 2. ~~Each investigative level (1, 2, and 3) is based on specific child abuse and/or neglect allegations prioritized in accordance with the severity of harm or threat of harm to the child.~~
- 3. ~~Each investigative level includes a minimum number of tasks that the Field CPI is responsible to perform during the course of the investigation.~~

H. ~~Listed below are the allegations and worker responsibilities associated with each investigative level, provided however that allegations may be assigned to a different level if dictated by the circumstances:~~

- 1. ~~Level 1
 - a. ~~Allegations~~~~

- ~~i. — Death~~
- ~~ii. — Brain Damage/Skull Fracture~~
- ~~iii. — Subdural Hematoma~~
- ~~iv. — Internal Injury~~
- ~~v. — Sexually Transmitted Disease~~
- ~~vi. — Sexual Intercourse~~
- ~~vii. — Sexual Exploitation~~
- ~~viii. — Sexual Molestation~~
- ~~b. — Worker Responsibilities:~~
 - ~~i. — Contact police.~~
 - ~~ii. — Notify Department's legal counsel.~~
 - ~~iii. — Contact the reporter, if identified, to secure additional information.~~
 - ~~iv. — Make an unannounced initial visit to the home or child care facility, unless the family is aware of the allegation and the Department's involvement and the visit is planned.~~
 - ~~v. — Interview the victim face to face, as soon as possible within the timeframes of the Response Priority (i.e., Emergency — 10 minutes, Immediate — within shift, Routine — 24 hours).~~
 - ~~vi. — Interview each involved adult, including alleged perpetrator and caregiver, as soon as possible after the interview with the victim.~~
 - ~~vii. — Interview individually all other children who resided in the household or were present in the child care facility at the time of the alleged incident of abuse and/or neglect.~~
 - ~~viii. — Confirm the whereabouts of any other child of the parent or guardian who did not reside in the household at the time of the alleged incident of abuse and/or neglect when the alleged perpetrator is parent or guardian.~~
 - ~~ix. — Interview other adult household members or facility staff.~~
 - ~~x. — Interview any known witnesses to or individuals who may have knowledge relating to the abuse and/or neglect incident. In the event that the witness or individual who has knowledge relating to the abuse and/or neglect incident is a minor child, is not alleged to be a victim of abuse or neglect connected with the incident, is not related to the alleged perpetrator or alleged victim and is not a member of the household of the alleged perpetrator or alleged victim, the Department arranges contact with the child witness through the child's parent or legal guardian, except when a delay caused by such parental contact would probably result in immediate danger to the alleged child victim. The parent or legal guardian is allowed to be present during the interview, which is conducted in an age and developmentally appropriate setting and manner. If the child's parent or legal guardian is not or cannot be present,~~

~~the interview occurs in the presence of an adult with whom the child is familiar and comfortable.~~

- ~~xi. Interview at least two other professionals who are believed to have first hand knowledge of the incident, the injury and/or the family's circumstances.~~

~~2. Level 2~~

~~a. Allegations~~

- ~~i. Burn/Scalding~~
- ~~ii. Poisonous/Noxious Substance~~
- ~~iii. Wound~~
- ~~iv. Malnutrition/Starvation~~
- ~~v. Bone Fracture~~
- ~~vi. Excessive/Inappropriate Discipline~~
- ~~vii. Cut/Bruise/Welt~~
- ~~viii. Human Bite~~
- ~~ix. Sprain/Dislocation~~
- ~~x. Tying/Close Confinement~~
- ~~xi. Drug/Alcohol Abuse~~
- ~~xii. Emotional Abuse~~
- ~~xiii. Lack of Supervision—Caregiver~~
- ~~xiv. Lack of Supervision—No Caregiver~~
- ~~xv. Abandonment~~
- ~~xvi. Medical Maltreatment~~
- ~~xvii. Medical Neglect~~
- ~~xviii. Domestic Violence~~
- ~~xix. Failure to Thrive~~
- ~~xx. Corporal Punishment (Institutional)~~
- ~~xxi. Inappropriate Restraint (Institutional)~~

~~b. Worker Responsibilities~~

- ~~i. Contact the reporter, if identified, to secure additional information.~~
- ~~ii. Make an unannounced initial visit to the home or child care facility, unless the family is aware of the allegation and the Department's involvement and the visit is planned.~~
- ~~iii. Interview the victim face to face, as soon as possible within the timeframes of the Response Priority (i.e., Emergency—10 minutes, Immediate—within shift, Routine—24 hours).~~
- ~~iv. Interview each involved adult, including alleged perpetrator and caregiver, as soon as possible after the interview with the victim.~~
- ~~v. Interview individually all other children who resided in the household or were present in the child care facility at the time of the alleged abuse and/or neglect.~~
- ~~vi. Confirm the whereabouts of any other child of the parent or guardian who did not reside in the household at the time of~~

the alleged incident of abuse and/or neglect when the alleged perpetrator is parent or guardian.

- vii. Interview other adult household members or facility staff.
- viii. Interview any known witnesses to or individuals who may have knowledge relating to the abuse and/or neglect incident. In the event that the witness or individual who has knowledge relating to the abuse and/or neglect incident is a minor child, is not alleged to be a victim of abuse or neglect connected with the incident, is not related to the alleged perpetrator or alleged victim and is not a member of the household of the alleged perpetrator or alleged victim, the Department arranges contact with the child witness through the child's parent or legal guardian, except when a delay caused by such parental contact may result in immediate danger to the alleged child victim. The parent or legal guardian is allowed to be present during the interview, which is conducted in an age and developmentally appropriate setting and manner. If the child's parent or legal guardian is not or cannot be present, the interview occurs in the presence of an adult with whom the child is familiar and comfortable.
- ix. Interview at least two other persons who are believed to have first hand knowledge of the incident, the injury and/or the family's circumstances. One of these collateral contacts is with a professional person.

3. Level 3

- a. Allegations
 - i. Other Abuse/Neglect
 - ii. Inadequate Food
 - iii. Inadequate Shelter
 - iv. Inadequate Clothing
 - v. Educational Neglect
 - vi. Emotional Neglect
 - vii. Other Institutional Abuse/Neglect
- b. Worker Responsibilities
 - i. Contact the reporter, if identified, to secure additional information.
 - ii. The initial visit to the home or child care facility is unannounced, unless the family is aware of the allegation and the Department's involvement.
 - iii. Interview the victim face to face, as soon as possible within the timeframes of the Response Priority (i.e., Emergency—10 minutes, Immediate—within shift, Routine—24 hours).
 - iv. Interview each involved adult, including alleged perpetrator and caregiver, as soon as possible after the interview with the victim.

- v. ~~Interview individually all other children who resided in the household or were present in the child care facility at the time of the alleged abuse and/or neglect.~~
- vi. ~~Confirm the whereabouts of any other children of the parent or guardian who did not reside in the household at the time of the alleged incident of abuse and/or neglect when the alleged perpetrator is parent or guardian.~~
- vii. ~~Interview other adult household members.~~
- viii. ~~Interview any known witnesses to or individuals who may have knowledge relating to the abuse and/or neglect incident. In the event that the witness or individual who has knowledge relating to the abuse and/or neglect incident is a minor child, is not alleged to be a victim of abuse or neglect connected with the incident, is not related to the alleged perpetrator or alleged victim and is not a member of the household of the alleged perpetrator or alleged victim, the Department arranges contact with the child witness through the child's parent or legal guardian, except when a delay caused by such parental contact may result in immediate danger to the alleged child victim. The parent or legal guardian is allowed to be present during the interview, which is conducted in an age and developmentally appropriate setting and manner. If the child's parent or legal guardian is not or cannot be present, the interview occurs in the presence of an adult with whom the child is familiar and comfortable.~~

~~I. Locating Subjects of Report~~

~~1. Child Residing in the Household~~

- a. ~~The Field CPI makes every effort to locate and interview each child residing in the household at the time of the alleged abuse and/or neglect, whether or not he or she is the alleged victim.~~
- b. ~~If there is any indication that a child, who resided in the household at the time of the alleged abuse and/or neglect, whether or not he or she is the alleged victim, is living in another state, the CPI makes every effort to locate the child and facilitate an interview of the child through the child welfare agency in that state.~~
- c. ~~Search efforts are documented (Investigation Contact Note) in the investigative record.~~

~~2. Child Not Residing in the Household~~

- a. ~~The Field CPI makes every effort to confirm the past and present whereabouts of any child of the parent not residing in the household at the time of the alleged incident of abuse and/or neglect.~~
- b. ~~If there is any indication that a child of the parent, who was not residing in the household at the time of the alleged incident of~~

~~abuse and/or neglect, is living in another state, the CPI makes every effort to confirm the past and present whereabouts of the child through communication with the child's present caregiver and/or the child welfare agency in that state.~~

~~c. Search efforts are documented (Investigation Contact Note) in the investigative record.~~

~~3. Perpetrator~~

~~a. Every reasonable effort is made to find and interview the perpetrator.~~

~~b. Search efforts are documented (Investigation Contact Note) in the Investigative record.~~

~~c. If a criminal investigation is in progress and law enforcement requests that the Department delay interviewing the perpetrator, the CPI and supervisor informs the administrator and legal counsel.~~

~~i. The Department complies with the request to delay the interview for a period not exceeding two weeks.~~

~~ii. The decision to delay the interview for a specified amount of time is documented (Investigation Contact Note) in the investigative record.~~

~~iii. At the end of the agreed upon period, not exceeding two weeks, the CPI contacts the police to determine the status of the investigation and to advise of the Department's intent to contact and interview the perpetrator.~~

~~iv. If law enforcement requests a further delay because Department contact compromises the criminal investigation, the CPI and supervisor consult with the administrator and legal counsel.~~

~~4. If there is a problem or question in locating the subjects of the report, an administrator is informed. The administrator determines if further attempts are made to locate the subject of the report.~~

~~5. An allegation, relating to a child participant in the Investigation or in the Case who cannot be seen or interviewed, may be confirmed as "Unable to Complete" with administrative approval. The allegation relating to a child who cannot be seen or interviewed is confirmed on the "Allegations" tab of the Investigation as "Unable to Complete."~~

~~J. Police Involvement~~

~~1. The Hotline or Field CPI immediately notifies the police when the child is known or suspected to be at imminent risk of harm or when it is otherwise judged that there is a need for an emergency police response.~~

~~2. The local law enforcement authority is notified of all Level 1 allegations of abuse and/or neglect prior to or during the investigation and all indicated cases of abuse and/or neglect, regardless of the investigative level. If extenuating circumstances cause the CPI, after discussing the situation with his or her supervisor, to determine that the police are not~~

notified, the CPI documents (Investigation Contact Note) the reasons for this decision in the investigative record.

3. If, after completing the investigation and consulting with the Department's legal counsel, the CPI has reasonable cause to know or suspect that a child has been subjected to criminal abuse or neglect, he or she immediately relates that information to the law enforcement agency.
 4. Refer to **DCYF Policy 500.0065, Police Involvement in Child Protective Investigation** for details.
- K. Legal Consult is required in the following situations:
1. During the investigation of any Level 1 allegation, if the initial findings suggest substantiation.
 - a. Legal consult is not required on a Level 1 allegation if there is insufficient evidence to indicate the investigation.
 - i. The CPI confers with CPI Supervisor.
 - ii. The CPI documents (Investigation Contact Note) in the investigative record that conference occurred, case was unfounded and legal consult is not required.
 - b. The CPI, however, may schedule a legal consult to review the case, even if there is insufficient evidence to indicate, if CPI feels the need to have a legal review.
 2. In all cases involving indicated allegations of sexual abuse and alcohol/drug abuse.
 3. When a Report of Examination is filed, indicating abuse and/or neglect.
 4. In any case to determine if court action is warranted or advisable.
 5. Access to the home to investigate is denied.
 6. Prior to any legal action regarding a child of Indian heritage. Refer to **DCYF Policy 700.0170, Implementing the Indian Child Welfare Act** for details.
 7. Legal Counsel documents the results of the consult in RICHIST.
- L. The CPI Supervisor may upgrade the investigative level when appropriate. The Field CPI is obligated to perform all tasks associated with the new investigative level. Reasons for upgrading the investigative level include:
1. Additional Allegations—If the Department is informed of an additional allegation that requires a higher level of investigation, the entire report is upgraded to that level.
 2. Initiation of Court Action or 72 (physician or nurse practitioner) or 48 (police or DCYF CPI/Social Caseworker II) Hour Child Protective Hold
 - a. If such action becomes necessary, the Field Supervisor may determine that the risk to the child or the severity of the situation warrants the upgrading of the investigative level.
 - b. Refer to **DCYF Policy 500.0075, Removal of Child from Home** for details.

- ~~3. Previous History of Abuse/Neglect—Although the present allegation may fall within a lower investigative level, a more intense investigation may be warranted if there have been prior agency contacts with the family.~~
 - ~~4. Severity of the Injury—Although an allegation, by definition, falls within a lower level of investigation, the severity of the injury may warrant a higher level of investigation.~~
- ~~M. The CPI or Supervisor may never downgrade the level of investigation.~~
- ~~1. In certain circumstances (e.g., allegation determined to be false upon initial investigation, subject of the report is being harassed), the CPI may be allowed to omit certain tasks:
 - ~~a. Administrative approval is required to end an investigation without completing all responsibilities outlined within the level of investigation.~~
 - ~~b. CPI or supervisor documents (Investigation Contact Note) the approval in the investigative record.~~~~
 - ~~2. Unless otherwise allowed within this policy and procedure, all tasks corresponding to a particular level of investigation are completed and documented in the investigative record.~~

~~Additional Information and Duplicate Reports~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0055~~

~~Effective Date: December 9, 2011~~

~~Version 1~~

~~An Additional Information Report is used by a Call Floor worker when another report is received concerning the same incident of child abuse or neglect (CA/N). It is also used when an investigation is pending and a report is made to the Call Floor about an incident which happened prior to the date and time of the oral report on a pending investigation. For currently active investigations, a Child Protective Services (CPS) Report is generated to include the new reporter and/or allegation(s).~~

~~A Duplicate Report is used only when a report is made alleging a similar incident to one which has already been investigated and closed. For closed investigations, the same allegation must pertain to a previously investigated CA/N incident to be considered a Duplicate Report.~~

~~Related Procedures~~

~~Additional Information and Duplicate Reports~~

~~Additional Information and Duplicate Reports~~ **~~Procedure from Policy 500.0055: Additional Information and Duplicate Reports~~**

~~I. Addition Information Report~~

- ~~A. An Additional Information Report is processed on the Child Protective Services (CPS) Report Window and assigned to the appropriate Investigative Unit for use in the ongoing investigation if:~~
- ~~1. The reporter and the allegations made are exactly the same as the previous report.~~
 - ~~2. The involved subjects (perpetrator and victim) are the same as the previous report.~~
 - ~~3. The same incident is being reported by a different reporter.~~
 - ~~4. The same incident is being reported but new allegations are being made.~~
 - ~~5. The same incident is being reported but new involved subjects (perpetrator/ victim) are being added.~~
 - ~~6. An incident is reported which happened prior to the date and time of the oral report on the pending investigation.~~
 - ~~7. The information provided alters the data currently on file in RICHIST.~~
- ~~B. For Additional Information Reports the CPS report is processed as follows:~~
- ~~1. The report is linked to the existing case.~~
 - ~~2. The case is assigned by the Call Floor Supervisor to the appropriate Investigative Unit for use in the ongoing investigation.~~
 - ~~3. The assigned Child Protective Investigator (CPI) links the report to the pending investigation.~~

~~H. Duplicate Report~~

- ~~A. A Duplicate Report (which always pertains to a closed investigation) is processed as a CPS report.~~
- ~~B. If the report contains no new allegations or new involved subjects, the CPS report is processed as follows:~~
- ~~1. The CPS report is forwarded to the Call Floor Supervisor.~~
 - ~~2. The Call Floor Supervisor reviews the CPS report for accuracy, accepts the report and closes the case.~~
- ~~C. The Duplicate Report must be reviewed by the Call Floor Supervisor and if necessary, the Chief, Child Protective Investigator or his/her Administrative designee.~~
- ~~D. If the report contains new allegations which meet the criteria for investigation, a new CPS report is processed.~~

~~Processing and Notifications of Alleged Institutional Abuse/Neglect~~

Rhode Island Department of Children, Youth and Families

Policy: 500.0060

Effective Date: July 7, 1984 — Revised Date: December 9, 2011 — Version: 5

~~Institutional child abuse and neglect means the physical or mental injury, sexual abuse or exploitation, negligent treatment or maltreatment of a child under the age of eighteen or under the age of twenty one if the child is in the care of the Department by a person, including any employee of a residential facility or any staff person providing out of home care who is responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. The term encompasses both acts and omissions on the part of a responsible person. All persons in Rhode Island are required by law (RIGL 40-11-3) to report known or suspected cases of child abuse and/or neglect to the Department of Children, Youth and Families.~~

~~A person responsible for a child's welfare, for the purposes of this policy, includes the child's foster parent, an employee of a public or private residential home or facility or other person legally responsible for the child's welfare in a residential setting, or any staff person providing out of home care. Out of home care also includes child day care (family day care, group day care and center based day care).~~

~~The Department is a firmly committed to the confidentiality of information received on all abuse and neglect allegations and investigation. The Department places strong emphasis on protecting the privacy of the individual under investigation while disseminating specific information regarding the allegations and investigation to Department staff who have a need to know it to protect the best interests of the child involved in the investigation.~~

Related Procedure

Processing and Notifications of Alleged Institutional Abuse/Neglect

Related Policy

Information/Referral Reports

Processing and Notifications of Alleged Institutional Abuse/Neglect Procedure from Policy 500.0060: Processing and Notifications for an Alleged Institutional Abuse/Neglect

I. Information/Referral Reports

- A. ~~A concern that is reported to the Child Protective Services (CPS) Hotline that concerns the well being of a child but does not meet the criteria for investigation is processed in conformance with DCYF Policy 500.0040, Information/Referral Reports.~~
1. ~~The Call Floor Supervisor sends an E-mail message to licensing and the active worker(s).~~
 2. ~~No verbal or written notification of the report is required for the Child Advocate.~~

H. Child Protective Service Calls

- A. ~~Child Protective Service calls, notification of investigation are as follows:~~
1. ~~Foster Homes:~~
 - a. ~~The CPS report is completed and forwarded by the Call Floor worker to the Call Floor Supervisor.~~
 - b. ~~The Call Floor Supervisor accepts the CPS report and creates a case or links the report to an existing case. The case is assigned to the Investigative Unit for initiation of an investigation.~~
 - c. ~~The Office of the Child Advocate (OCA) is assigned to the case in RICHIST.~~
 2. ~~Day Care Homes:~~
 - a. ~~The CPS report is completed and forwarded by the Call Floor Worker to the Call Floor Supervisor.~~
 - b. ~~The Call Floor Supervisor accepts the CPS report and creates a case or links the report to an existing case. The case is assigned to the Investigative Unit for initiation of an investigation.~~
 - c. ~~The Office of the Child Advocate (OCA) is assigned to the case in RICHIST.~~
 3. ~~Residential Facilities~~
 - a. ~~The facility director or his/her designee must be verbally notified of all reports alleging institutional abuse/neglect:
 - (1) ~~The Child Protective Investigator (CPI) assigned to the investigation calls the Executive Director/designee at the initiation of a child abuse/neglect investigation. The CPI reads the narrative on the CPS report to the Executive Director/ designee, excluding any reference(s) to the identity of the reporter.~~
 - (2) ~~If the Executive Director is not available, the CPI asks to speak to the designee. If no Assistant Director is available, the staff person will be requested to contact an Assistant~~~~

Director and have him/her call the CPI. If no call back is received, the CPI proceeds in accordance with Departmental policy.

- b. ~~The CPI records the date, time of notification, and person notified in a Case Activity Note.~~
- c. ~~If the scope of an investigation is significantly broadened during the course of an investigation, the CPI informs the Executive Director/designee and keeps him/her aware of major developments in the case.~~
- 4. ~~Day Care Centers—The day care centers are not notified of reports alleging abuse/neglect.~~
- 5. ~~Training School:~~
 - a. ~~The assigned CPI makes an initial attempt to interview appropriate staff or to schedule a definitive date and time for such interview to occur.~~
 - b. ~~In the event that such initial attempt does not result in either an interview being conducted or a definitive date and time for an interview being scheduled, the CPI immediately contacts the Superintendent.~~
 - c. ~~In the event that the staff person to be interviewed is an alleged perpetrator, the Superintendent and the CPI agree upon an interview time and date when the employee is scheduled to work. The Superintendent sends to the employee by certified mail, return receipt requested, a Letter of Notification.~~
 - d. ~~In the event that the employee fails to appear for the scheduled interview, the CPI completes his/her investigation and arrives at his/her conclusions without the input of the alleged perpetrator.~~
 - e. ~~In the event that the staff person to be interviewed is a witness, the Superintendent and the COI agree upon an interview time and date when the employee is scheduled to work. The Superintendent sends to the employee by certified mail, return receipt requested, a Letter of Notification.~~

III. Notification of Results—Indicated and Unfounded

A. Foster Homes

- 1. ~~An E-mail message is automatically sent to the Licensing Supervisor, Licensing Worker and the primary worker(s). The report can be accessed online.~~
- 2. ~~A CPS Report Notification is sent to the foster parents with the results of the investigation.~~

B. Residential Facilities (other than RI Training School):

- 1. ~~An E-mail message is automatically sent to the Licensing Supervisor, Licensing Worker, Children's Behavioral Health worker and the primary worker. The report can be accessed online.~~

- ~~2. The CPI provides the facility director with notification of the results of the investigation documenting whether allegations were Indicated or Unfounded.~~

~~C. Day Care Providers:~~

- ~~1. An E-mail message is automatically sent to the Licensing Supervisor, Licensing Worker and the OCA. The report can be accessed online.~~
- ~~2. The CPI gives the provider and the subject of the investigation written notification of the results of the investigation documenting whether allegations were Indicated or Unfounded.~~

~~D. RI Training School:~~

- ~~1. CPI forwards a copy of the CPS Report to the Superintendent or designee.~~
- ~~2. Superintendent has access to review and/or authority to designate the Deputy Superintendent to review the full record of investigation in CPS. Access to review the full record is limited to the Superintendent and Deputy Superintendent.~~
- ~~3. The Superintendent or designee provides the employee under investigation with notification of the results of the investigation.~~
- ~~4. Inspector forwards a copy of the completed investigation to the Office of the Child Advocate via interdepartmental mail.~~

Police Involvement in Child Protective Investigation

Rhode Island Department of Children, Youth and Families

Policy: 500.0065

Effective Date: July 7, 1984 — Revised Date: December 9, 2011 — Version 5

~~The Department must notify the local law enforcement authority of all Level 1 allegations of abuse and/or neglect and all indicated cases of abuse and/or neglect. In emergency situations the Call Floor worker makes this notification immediately upon receipt of the call and documents this information on the CPS Report Protocol Narrative. In all other situations police contact is initiated by Child Protective Investigative staff. If any extenuating circumstances cause the Investigative Supervisor to decide against contacting the police, the Chief Investigator is consulted. If the decision is made not to notify the police, the Child Protective Investigator must document the reason(s) in a Case Activity Note. If any Child Protective Investigation reveals an activity which is a criminal offense, the police of the city or town where the alleged offense occurred must be informed immediately. The police investigate the criminal activity and report the results of the investigation to the Department of the Attorney General.~~

~~Child Protective Investigative Staff also contact local law enforcement agencies to request information, cooperation, and assistance. In accordance with Rhode Island General Law RIGL 40-11-7, a Child Protective Investigator (CPI) who is denied reasonable access to a child, can request the intervention of the local law enforcement agency and if necessary seek an appropriate court order to gain access to the child.~~

Related Procedure

Police Involvement in Child Protective Investigation

Related Policy

Removal of the Child from Home

Police Involvement in Child Protective Investigation
Procedure from Policy 500.0065: Police Involvement in Child Protective Investigation

- A. ~~The Call Floor Child Protective Investigator (CPI) must notify the local law enforcement agency immediately upon the receipt of a report which alleges that a child is in imminent danger and immediate police intervention is necessary.~~
1. ~~The following are examples of when the Call Floor CPI makes immediate contact with the police:~~
 - a. ~~Child abandoned and in imminent danger.~~
 - b. ~~Child unsupervised and in imminent danger.~~
 - c. ~~Child in imminent danger of physical harm.~~
 - d. ~~Caretaker about to flee or child may disappear.~~
 2. ~~The Call Floor CPI indicates on the Child Protective Services (CPS) Report Protocol that police have been notified.~~
 3. ~~Any time that police are notified of any emergency situation by a Call Floor CPI, the CPS Report is transmitted to the Investigative Unit within ten minutes.~~
- B. ~~CPI must notify police if a Child Abuse or Neglect (CA/N) report contains a Level 1 allegation. Level 1 allegations of CA/N include:~~
1. ~~Death.~~
 2. ~~Brain damage/skull fracture.~~
 3. ~~Subdural hematoma.~~
 4. ~~Internal injuries.~~
 5. ~~Sexually transmitted disease.~~
 6. ~~Sexual intercourse.~~
 7. ~~Sexual exploitation.~~
 8. ~~Sexual molestation.~~
 9. ~~If any extenuating circumstances cause the Investigative Supervisor to decide against contacting the police, the Chief Investigator is consulted. If the decision is made not to notify the police, the Child Protective Investigator must document the reason(s) in a Case Activity Note.~~
- C. ~~The CPI must report all indicated abuse and/or neglect cases to the police at the conclusion of the investigation. The following written documentation of the investigation is submitted to the police:~~
1. ~~A cover letter indicating the names, dates of birth, and addresses of the parent(s), child(ren), victim(s), and perpetrator(s).~~
 2. ~~Investigative Summary and CPI's Observations/Recommendations.~~
 3. ~~The CPI cooperates with the police if additional information is required.~~
- D. ~~If criminal activity is discovered during the course of an investigation, the CPI must report this to police.~~

- ~~E. — Police involvement/assistance can be requested for the following situations during the course of an investigation:~~
- ~~1. — Access to the home is denied.~~
 - ~~2. — Access to child is denied.~~
 - ~~3. — Physical presence of police is necessary to preserve the peace.~~
 - ~~4. — Physical presence of police is necessary to protect worker and/or child.~~
 - ~~5. — Locating subjects during an investigation.~~
 - ~~6. — Obtaining information about subjects of an investigation.~~
 - ~~7. — Providing requested information to police during the course of a joint CA/N investigation.~~
- ~~F. — If access to home or child continues to be denied even though police are present, the CPI, in consultation with his/her Supervisor and Legal Counsel, assesses the situation to determine if there is evidence (i.e. child in imminent danger) to support requesting a verbal Order of Detention, Ex Parte.~~
- ~~1. — During standard work hours — Legal Counsel will call judge to request verbal in emergency situations.~~
 - ~~2. — During non-standard work hours — CPI Supervisor calls Chief Legal Counsel who calls judge.~~
 - ~~3. — If verbal is given, police take steps are necessary to enforce the court order.~~
- ~~G. — Local law enforcement officers and CPIs and Social Caseworkers are authorized to enact a 48-hour police hold in certain situations in conformance with DCYF Policy 500.0075, Removal of the Child from Home.~~
- ~~H. — Whenever a Report of Examination has been filed, the CPI must verify with the police that they were notified by the physician/nurse practitioner or medical facility filing the report. — Police are notified of the final finding of any report of CA/N referred to or received from the law enforcement agency.~~
- ~~I. — Police are notified if an investigation is ended without doing all of the tasks required.~~

~~Removal of Child from Home~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0075~~

~~Effective Date: July 7, 1984~~ ~~Revised Date:~~ ~~December 9, 2011~~

~~Version 5~~

~~The federal Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) and Adoption and Safe Families Act of 1997 (P.L. 105-89) and Rhode Island General Law (RIGL 40-11-12.2 and 42-72-11) require the Department to make reasonable efforts to prevent or eliminate the need for placement of a child outside the home. Reasonable efforts include an assessment of the individual child and family situation to evaluate the appropriateness, availability and accessibility of preventive services and assisting the family in accessing such services. A parent's willingness to participate in a plan intended to prevent out of home placement is considered in determining the degree of risk to a child if left in his/her home. Every child has the right to feel physically and emotionally secure in his or her home environment. This focus on child safety and well-being is the paramount concern when making decisions regarding services, placement and permanency.~~

~~Although the Department maintains children in their own homes whenever possible, certain events in a child's life may require consideration of a temporary or long-term placement outside the home. In the event that any child is removed from home, the Department is obligated under federal and state law (RIGL 40-11-12.2, 14-1-27) to investigate the possibility of placing the child or children with a fit and willing relative who does not reside with the child's parents. (Under certain circumstances, a Termination of Parental Rights petition may be filed subsequent to the removal from home without making reasonable efforts; refer to DCYF Policy 1100.0020, Termination of Parental Rights).~~

~~State law (RIGL 40-11-5) provides that physicians/nurse practitioners, law enforcement officers and authorized Child Protective Investigators/ Social Caseworkers II have the right to take temporary protective custody of a child without the consent of a parent or legal guardian as described in procedure; refer to Removal of Child from Home - Protective Custody.~~

~~State law requires Family Court to immediately take any action it deems necessary or appropriate for the protection of the child, including the removal of the child from the custody of the caretaker, pending a trial on the merits. These findings by a Family Court Judge must set forth in the initial order authorizing the removal of the child from the home in order to claim federal reimbursement of the state's cost for foster care:~~

~~The continuation of the child in the home of the parent is contrary to the best interest of the child; The child requires the protection and assistance of the State; and the State has made reasonable efforts to prevent or eliminate the~~

need for removal; (or in the alternative) That reasonable efforts to prevent or eliminate the need for removal are unnecessary due to the substantial or immediate danger to the child.

Rhode Island General Law 42-72-14 allows the Department to remove a child from the home in some situations on a voluntary basis; refer to [DCYF Policy 700.0015 Voluntary Placement](#). The Department must file a Miscellaneous Petition in Family Court within sixty days of voluntary placement to be eligible for federal reimbursement.

Related Procedures

[Removal of Child from Home – Protective Custody](#)

[Removal of Child from Home – Ex-Parte](#)

[Removal of Child from Home – Children in Department Custody or Supervision](#)

Related Policy

[Voluntary Placement](#)

[Obtaining Custody of Child Through the Dependent/Neglected/Abused Petition](#)

[Kinship Care](#)

[Documenting Results of CPS Investigations in RICHIST](#)

[Criminal Records Checks](#)

[Clearance of Agency Activity](#)

[Comprehensive Assessment and Service Planning](#)

[Termination of Parental Rights](#)

Removal of Child from Home -- Protective Custody

Procedure from Policy 500.0075: Removal of Child from Home

- A. ~~Physicians/nurse practitioners, law enforcement officers and authorized Child Protective Investigators and Social Caseworkers II are authorized to take temporary protective custody of a child without the consent of a parent or legal guardian:~~
1. ~~A physician/nurse practitioner can place a 72 hour hold on a child who has suffered physical injury that appears to have been caused by other than accidental means or a child suffering from the effects of sexual molestation or malnutrition or other serious medical neglect:~~
 - a. ~~Physician/nurse practitioner files a Report of Examination (#064) and authorizes the 72 hour hold.~~
 - b. ~~Physician/nurse practitioner contacts the Child Protective Services Hotline to advise Child Protective Services (CPS) of the hold. The matter is assigned for investigation. If the child is active with the Department, the Child Protective supervisor handling the assignment notifies the primary Worker and/or supervisor immediately of the investigation and the name of the assigned investigator and his/her supervisor.~~
 - c. ~~If the child requires medical treatment, the child may remain in the hospital during the course of the protective hold.~~
 - d. ~~Any investigation will be raised to Level 1 if a 72 hour hold is invoked. When the Standard for Investigation is raised from Level 2 or 3 to Level 1, the investigator notifies the Office of Legal Counsel to discuss the need for legal action if the initial findings suggest substantiation.~~
 2. ~~A law enforcement officer can invoke a 48 hour hold if he/she has reasonable cause to believe that imminent danger to the child's life or health exists. If a law enforcement officer places a child on a hold, he or she notifies the Child Protective Services Hotline to determine if an investigation is warranted. If the child is active with the Department, the primary worker and/or supervisor is immediately advised of the report and the name of the assigned investigator and supervisor by the Child Protective supervisor determining if an investigation is warranted.~~
 3. ~~A Child Protective Investigator or Social Caseworker II may take temporary protective custody of a child for 48 hours without the consent of the parent or guardian if a parent or caretaker is unwilling, unable or unavailable to cooperate in the protection of the child and/or the child would be at imminent risk of harm if left in the home.~~
 - a. ~~Prior to the removal of a child from the home, the primary worker assesses the safety factors outlined in the Safety Assessment in conformance with DCYF Policy 700.0075, Comprehensive Assessment and Service Planning.~~
 - i. ~~If a determination is made that a 48 hour hold is not appropriate although legal action may be indicated, the~~

~~primary worker discusses situation with supervisor and seeks a legal consult. (Please see procedures Removal of Child from the Home – Ex Parte and Removal of Child from Home – Children Having Legal Status with the Department and DCYF Policy 1100.000 Obtaining Custody of Child Through the Dependent/ Neglected/ Abused Petition.)~~

~~ii. If a determination is made that a 48 hour child protective hold is necessary, the primary worker makes every attempt, if practical, to seek supervisory approval beforehand when an emergency situation exists requiring the removal of a child. If unable to obtain prior approval, the primary worker notifies the supervisor or appropriate administrator of the child's removal from the home as soon as possible after the action is taken.~~

~~b. If a 48 hour protective custody hold is invoked by the primary worker he/she must:~~

~~i. Contact law enforcement for assistance in removing the child when possible and considered necessary.~~

~~ii. Transport the child to the nearest medical facility if medical care is needed.~~

~~iii. Make every reasonable effort to notify the parent/caretaker of the action taken.~~

~~e. If a social caseworker initiates the protective hold, he/she must notify the Child Protective Services Hotline immediately and a determination will be made if an investigation of the allegations that prompted the caseworker to remove the child from home is warranted.~~

~~d. The primary worker who removed the child is has the child examined by a physician or nurse practitioner within 24 hours. If there is no evidence of abuse or neglect or illness or physical needs, and the supervisor approves, the examination by a physician or nurse practitioner may occur within three (3) working days of the protective hold.~~

~~B. Whether a child is removed from the home by a 72 hour hold or a 48 hour hold, the following additional steps must be followed:~~

~~1. If the child does not require hospitalization on a 72 hour hold and when a child is removed on a 48 hour hold, the primary worker must investigate the possibility of placement for the child with a fit and willing relative who does not live with the parent/caretaker.~~

~~a. Immediately upon removal, the primary worker makes reasonable efforts to locate a kinship placement in conformance with DCYF Policy 900.0025, Kinship Care. Documentation is included in RICHIST.~~

~~b. The primary worker completes and approves the Bureau of Criminal Identification (#034) and DCYF (#035) clearances and~~

~~the Preliminary Assessment of the Family and Home (#036A) prior to placement in conformance with DCYF Policy 900.0040, Criminal Records Checks and DCYF Policy 700.0105, Clearance of Agency Activity.~~

- ~~2. If child does not require hospitalization (72 hour hold) or there is no fit and willing relative who can provide immediate care, the primary worker completes the Placement Unit Request form and forwarding it electronically to the Placement Unit. If placement is needed after regular working hours, the primary worker contacts the Child Protective Services Hotline.~~
 - ~~3. The Documentation of Temporary Protective Custody form (CPS #53) is completed and a copy is forwarded to the Child Protective Services Hotline as well as the Regional Director, if case is active in Family Services or the Juvenile Probation Administrator, if case is active in Probation.~~
 - ~~4. If a child, placed on a 72 hour or 48 hour hold, is placed in substitute care by the primary worker, he/she enters the appropriate information into RICHIST. If the placement is a licensed foster home, it is entered in the Out of Home Placement Window. If the placement is with a relative who is not yet certified or licensed, the information is entered in Living Arrangements Window. The Child Welfare Status is entered in the Court Activity Window and other pertinent information in Case Activity Notes.~~
 - ~~5. The circumstances surrounding a 72 hour or 48 hour hold are reviewed with supervisory staff. Each situation wherein a protective hold has been authorized should be reviewed with Legal Counsel.~~
 - ~~6. If a decision is made to seek custody and/or placement beyond the 48 or 72 hours, an Ex Parte Order of Detention or an Emergency Motion for a Change in Placement must be filed in Family Court prior to the expiration of the hold (depending on whether a petition has already been filed in Family Court).~~
 - ~~7. In the event that the 48 hour or 72 protective hold will expire on a weekend or holiday, the primary worker must obtain a verbal Ex Parte Order of Detention from a Family Court Judge through the Department's Office of Legal Counsel prior to the expiration of the hold. The verbal Ex Parte must be documented in a Case Activity Note by the primary worker and a written Ex Parte petition must be filed by the primary worker the next working day.~~
- ~~C. In certain circumstances and when an appropriate safety plan is in place, an Administrator may release the protective hold, downgrade the report and refer the case to CPS Intake or to the primary worker.~~
- ~~D. When a child who is not otherwise open to the Department is removed from home by a Child Protective Investigator, he/she sends a partial packet to the intake unit by the beginning of the next work day. The packet includes a copy of any material which may assist in providing services to the child or family. The case~~

~~will be assigned online to the intake office supervisor by the Child Protective supervisor. The Child Protective Investigator completes the investigation in accordance with DCYF Policy 500.0095, Documenting Results of CPS Investigations in RICHIST.~~

Removal of Child from Home -- Ex Parte

Procedure from Policy 500.0075: Removal of Child from Home

- A. ~~The primary worker can seek an Ex Parte, Order of Detention to remove a child from the home or to continue the placement of a child who was removed from home by a 48 or 72 hour temporary protective hold.~~
- B. ~~To determine whether an Ex Parte petition should be filed, the primary worker considers the following facts and evidence:~~
1. ~~The child will be in imminent danger of further harm if not removed from home.~~
 2. ~~Reasonable efforts to provide supportive services to family unit would not alleviate risk of harm to the child.~~
 3. ~~A Report of Examination (#064) stating that a child has been abused or neglected is considered prima facie evidence to support approval of the request for an Ex Parte.~~
- C. ~~The primary worker consults with his/her supervisor and, if appropriate, Department Legal Counsel, regarding the advisability of filing an Ex Parte Petition. If an Ex Parte will be filed:~~
1. ~~A separate petition is prepared by Legal Counsel for each involved child.~~
 2. ~~A "Summary of Facts to Substantiate Allegations of Abuse, Neglect, and/or Dependency" is prepared by the primary worker documenting the evidence supporting the allegations made in the petition and including any efforts made by the Department to alleviate the risk to the child. This Summary of Facts, including the RICHIST identification number is presented to Legal Counsel along with a List of Witnesses.~~
 3. ~~Legal Counsel prepares the Detention Order, the Affidavit in Support of the Order of Detention, Ex Parte and the petition.~~
 4. ~~The primary worker signs the affidavit in the presence of a notary and brings the affidavit along with the petition to Family Court.~~
 5. ~~The primary worker, along with Legal Counsel, presents the affidavit and petition to a Family Court Judge.~~
 6. ~~If a Family Court Judge grants the Ex Parte Order, temporary custody of the child is awarded to the Department.~~
 7. ~~If the Judge does not grant the Ex Parte, the primary worker consults with his/her supervisor and Legal Counsel to consider available options, including motioning the Court for an evidentiary hearing, pursuing a voluntary placement or delaying further legal action until more evidence is gathered.~~
 8. ~~If the Judge grants the Ex Parte, the primary worker brings the signed Detention Order to the Juvenile Clerk's Office where an arraignment date will be assigned. Copies are processed and provided to the primary worker.~~

- ~~9. The primary worker forwards the Detention Orders via interoffice mail to the Associate Director for signature. A copy of the Detention Order is provided to the hospital if a child remains hospitalized.~~
- ~~10. The parent/guardian receives a summons to appear at the arraignment which will occur within seven days of the filing of the Ex Parte Order of Detention.~~
- ~~11. The primary worker updates the Court Activity Window in RICHIST.~~
- ~~12. At the arraignment, parents or legal guardians have the right to request a Probable Cause Hearing within ten days of the request. The primary worker who obtained the Ex Parte must be present and prepared to testify at the Probable Cause Hearing.~~
- ~~13. The Family Court Judge will set Pretrial, Trial, and Permanency Hearing dates.~~

~~Removal of Child from Home -- Children in Department Custody or Supervision~~

~~Procedure from Policy 500.0075: Removal of Child from Home~~

- ~~A. One of the following actions must be taken by the primary worker to remove a child from home when there is an outstanding custody petition and the Department has been granted legal supervision, temporary custody or commitment:~~
- ~~1. Invoke a 48 hour temporary protective hold regardless of whether or not the Department has discretion to place in conformance with procedure, Removal of Child from Home -- Protective Custody.~~
 - ~~a. The primary worker meets with Legal Counsel prior to the expiration of the hold to determine if continued placement outside the home is indicated.~~
 - ~~b. If the facts and evidence support the need for continued placement, an Emergency Motion for a Change of Placement/Custody must be prepared and filed with the Family Court.~~
 - ~~c. The Department has the option to await the approval of the Family Court before removing the child.~~
 - ~~2. File an Emergency Motion for a Change of Placement/Custody. This must be presented to and approved by a Family Court Judge prior to the removal of the child(ren) from the home.~~
- ~~B. To file an Emergency Motion for a Change of Placement/Custody:~~
- ~~1. The primary worker meets with Legal Counsel and presents a Summary of Facts to support the decision to remove the child. The Summary includes the RICHIST Identification Number and a List of Witnesses.~~
 - ~~2. Legal Counsel prepares an affidavit with a request for Ex Parte relief and the Emergency Motion for a Change of Placement/Custody.~~
 - ~~3. Legal Counsel notifies parents' attorneys and CASA of the action to be taken so that they may be present in Court when the motion is presented.~~
 - ~~4. The primary worker, along with Legal Counsel, presents the Emergency Motion for a Change in Placement/Custody to a Judge at Family Court for approval.~~
 - ~~5. If the Judge approves the Emergency Motion, the matter is set down for a hearing date.~~
 - ~~6. The primary worker files the signed motion with the Juvenile Clerk and distributes copies of the motion to the Office of the Public Defender, CASA and private attorneys for the parents and child.~~
 - ~~7. The primary worker updates the Court Activity Window in RICHIST.~~
 - ~~8. The Legal Office enters into RICHIST the type of petition filed.~~
 - ~~9. The primary worker must be present at the Court Hearing.~~
 - ~~10. If not already scheduled, a court date for a Permanency Hearing is requested.~~

Standards of Proof

Rhode Island Department of Children, Youth and Families

Policy: 500.0080

~~Effective Date: July 7, 1984~~ ~~Revised Date:~~ ~~December 9, 2011~~

~~Version: 4~~

"Standard of Proof" is a technical and legal term used to describe the degree or level of proof required in court proceedings and administrative hearings. The standard of proof varies depending on the nature of the proceedings.

Related Procedure

Standards of Proof

Related Policy

Documenting the Results of Child Protective Investigations in RICHIST
Investigative Reports and Record Keeping

Standards of Proof

Procedure from Policy 500.0080: Standards of Proof

- A. ~~The Standard of Proof to Indicate a Report of Child Abuse or Neglect is a "preponderance of the evidence". This is defined as evidence of a greater weight or more convincing than the evidence in opposition to it; that is, evidence which, as a whole, shows that the fact sought to be proved is more probable than not.~~
1. ~~The Child Protective Investigator (CPI) must continually weigh the reliability and importance of each piece of information received during the investigative process. This includes assessing the credibility of the statements of individuals interviewed during the investigation. To assess credibility, the CPI considers the:~~
 - a. ~~Opportunity of the witness to have seen, heard or known what he/she is telling the CPI.~~
 - b. ~~Logic, accuracy and consistency in the reporting of the witness and responses of the witness when confronted with any discrepancies.~~
 - c. ~~Behavior, manner and style of interaction of the witness, e.g., witness was/was not nervous; witness did/did not answer questions directly.~~
 - d. ~~Ability to corroborate the statements of the witness with other evidence (this does not preclude indicating a report based on the statement of one witness if the CPI believes the witness).~~
 - e. ~~Potential bias or hostility of the witness towards the CPI or the family being investigated.~~
 - f. ~~Competency level of witness to understand the truth and the ability to accurately express what was observed, especially with young children. Competency of a child witness need not be the sole factor in whether a case is indicated or unfounded.~~
 2. ~~The documentation of the evidence gathered is an essential part of the investigation. The CPI accurately documents in conformance with DCYF Policy 500.0095, Documenting the Results of Child Protective Investigations in RICHIST and DCYF Policy 500.0110, Investigative Reports and Record Keeping.~~
 - a. ~~If allegation is indicated, the CPI documents how the evidence was weighed to reach a finding that the allegations are more likely true than not.~~
 - b. ~~CPI documents his/her own assessment of the credibility of witnesses.~~
 - c. ~~If relying on a qualified expert to base a decision, the CPI documents the level of expertise and weight placed on the qualified expert's testimony.~~
 3. ~~Standard of Proof for Filing an Ex Parte Petition for Custody is evidence that a child suffered, or is likely to suffer, abuse or neglect and that there exists substantial risk that continued care and custody by the parent/person responsible for the child's care may result in further harm to the child.~~

~~B. Standard of Proof for a Probable Cause Hearing is defined as reasonable grounds to suspect that a child has been abused or neglected based on reliable facts and circumstances:~~

- ~~1. If a child has been removed from the home by an Ex Parte Detention Order, the parent's counsel may request a Probable Cause Hearing at the arraignment. Within ten days of the request, a hearing is held before the Family Court. At this hearing, the Department must show cause for the removal and for continuing to keep the child out of the home pending a trial on the merits.~~
- ~~2. Credible hearsay is permitted at the discretion of the Court.~~
- ~~3. Several types of evidence may be introduced to meet the standard of proof, including:
 - ~~a. Reports from physicians or police.~~
 - ~~b. Alleged elements of abuse and/or neglect.~~
 - ~~c. Prior reports of abuse and/or neglect unless irrelevant because of passage of time or judgment of the Court.~~
 - ~~d. Account of interviews conducted with the parent(s), child(ren), or others involved in the investigation.~~
 - ~~e. CPI's observations.~~
 - ~~f. Account of the Department's attempts, if possible, to maintain the child in the home.~~~~

~~G. Standard of Proof for Trial (Dependency/Abuse/Neglect Petition or Termination of Parental Rights Petition) is "clear and convincing" evidence. This means evidence that indicates that the thing to be proved is highly probable or reasonably certain. This is a greater burden than preponderance of the evidence but less than evidence beyond a reasonable doubt.~~

- ~~1. The CPI and/or primary worker relies on certain documents and/or tangible evidence to prepare for his/her testimony and/or actual courtroom use including:
 - ~~a. Body Charts—outlining the injury.~~
 - ~~b. Color Photographs—depicting injury to child and/or home environment.~~
 - ~~c. X rays—showing current or pattern of previous injury.~~
 - ~~d. Medical Records—maintained by hospitals, treatment physicians, school doctors, public health nurses and other qualified medical professionals.~~
 - ~~e. Miscellaneous Records—mental health evaluations, school records, prior child abuse/neglect reports.~~
 - ~~f. Child Protective Services (CPS) Investigation documents/forms.~~~~
- ~~2. The above evidence (1, a-f) must qualify as "business records" prior to their use at a trial:
 - ~~a. Made in the regular course of business of the hospital/agency.~~
 - ~~b. It was the regular course of business to make such record/document.~~
 - ~~c. Entries/documents made at or near time of transaction/event.~~~~

~~d. Above (2, a-c) have been certified by the agency head/designee to be true.~~

~~D. Standard of Proof for a Motion Hearing is a preponderance of the evidence (See definition above in Section A).~~

~~E. Standard of Proof in a Termination of Parental Rights trial involving a child who is covered by the federal Indian Child Welfare Act is Beyond a Reasonable Doubt, which is the highest standard of proof.~~

~~Letters of Notification~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0085~~

~~Effective Date: July 7, 1984 — Revised Date: December 9, 2011 — Version: 3~~

~~Letters of Notification acknowledge receipt of report(s) of suspected child abuse and/or neglect to the State Central Registry and alleged perpetrators of the pending Child Protective Services investigations and the dispositions of those investigations.~~

~~Related Procedure~~

~~Letters of Notification~~

Letters of Notification

Procedure from Policy 500.0085: Letters of Notification

- ~~A. Notification of Report of Suspected Child Abuse and/or Neglect by Child Protective Services (CPS)~~
- ~~1. The Notification of Child Protective Services Investigation (DCYF #180) informs the subject that he/she has been identified as a suspected perpetrator in an alleged incident of child abuse or neglect. The notice is hand delivered by the Child Protective Investigator (CPI) to suspected perpetrator. If suspected perpetrator cannot be found, the notice is mailed to his or her last known address.~~
 - ~~2. If the suspected perpetrator is a minor, the Notification of Child Protective Services Investigation [2] (DCYF #181) is used to inform the minor perpetrator's parent/guardian that child has been identified as a suspected perpetrator in an alleged incident of child abuse or neglect. The notice is hand delivered by the CPI to the parent/guardian of suspected minor perpetrator. If the parent/guardian of suspected minor perpetrator cannot be found, the notice is mailed to his or her last known address.~~
 - ~~3. Templates for these notices are accessible on the network in Windows under "New Office Document".~~
 - ~~a. CPI documents in Investigation Observations/Recommendations in RICHIST that notice was sent.~~
 - ~~b. CPI includes a copy of the form in the hard copy record.~~
- ~~B. Notification of Investigation Findings~~
- ~~1. The Notification of Child Protective Services Investigation Findings (DCYF #182) informs a person, who is alleged to have perpetrated abuse and/or neglect upon a child, whether the Department's CPS investigation will be "indicated" or "unfounded" and identifies the allegation(s) that have been "indicated" or "unfounded".~~
 - ~~2. This notice is mailed to the alleged perpetrator at his or her last known mailing address and advises the alleged perpetrator that:~~
 - ~~a. In the case of an "indicated" finding, the record is maintained by the Department is permanent unless appealed.~~
 - ~~b. In the case of an "unfounded" finding, the record is maintained by the Department for a period of three years.~~
 - ~~c. All persons who have been aggrieved by a CPS determination have a right to appeal. All requests for appeal are submitted in writing to the Director's Hearing Officer.~~
 - ~~d. Any person seeking to file an appeal must submit a written request within thirty days of the date that individual receives written notice of the disposition of the investigation. The Department reserves the right to amend this time frame in accordance with or in compliance with any changes in the Administrative Procedures Act.~~

- ~~e. The "indicated" finding may be disseminated to a prospective child care employer pursuant to the provisions of R.I.G.L. § 40-13.2-3.1. seq.~~
- ~~3. In the case of a minor alleged perpetrator, the following notification is made:~~
 - ~~a. The Notification of Child Protective Services Investigation Findings (DCYF #182) is sent to the minor. CPI documents in Investigation Observations/Recommendations in RICHIST that notice was sent and a copy is included in the hard copy record.~~
 - ~~b. The Notification of Child Protective Services Investigation Findings [2] (DCYF #183) is sent to the parent/guardian of a minor alleged perpetrator to inform the parent/guardian whether the Department's CPS investigation will be "indicated" or "unfounded" and identifies the allegation(s) that have been "indicated" or "unfounded".~~
- ~~4. Notification is mailed within three working days of completion of the investigation. For purposes of this paragraph, the completion of the investigation occurs when the CPI's findings are approved by his/her supervisor.~~

~~Examination of Child by Physician or Nurse Practitioner and/or Child Protective Investigator~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0090~~

~~Effective Date: July 7, 1984 — Revised Date: December 9, 2011 — Version: 3~~

~~Departmental policy and Rhode Island General Law (RIGL) 40-11-6 mandate that a child who is suspected of being physically or sexually abused must be examined by a licensed physician or nurse practitioner. Departmental policy requires a child who is suspected of being neglected to be examined by a licensed physician or nurse practitioner when there is evidence that the suspected neglect has had a detrimental effect on the child's physical well-being.~~

~~Physical observation can be performed by the Child Protective Investigator (CPI) and parent/caretaker or another adult as long as the procedure is in compliance with Departmental policy (refer to Investigative Handbook, Section 2.4) and is followed by a physician or nurse practitioner's examination if there is any indication of physical abuse or neglect (refer to Investigative Handbook, Section 2.4.1, Physical/Medical Indicators of Abuse and Neglect, and Section 2.4.2, Behavioral Indicators of Abuse and Neglect).~~

~~Related Procedure~~

~~Examination of Child by Physician or Nurse Practitioner and/or Child Protective Investigator~~

~~Related Policy~~

~~Removal of Child from Home~~

~~Examination of Child by Physician or Nurse Practitioner and/or Child Protective Investigator~~

~~Procedure from Policy 500.0090: Examination of Child by Physician or Nurse Practitioner and/or Child Protective Investigator~~

~~I. Observation by Child Protective Investigator (CPI)~~

- ~~A. The CPI seeks the permission of the parent/caretaker prior to observing the child's body for evidence of physical abuse or neglect.~~
- ~~B. The Suspected Abuse/Injury Note Work Sheet is completed at the time of the observation by the CPI (refer to Investigative Handbook, Section 5.5):~~
 - ~~1. The observation must be performed by the CPI and parent/caretaker or other adult. If the child is at school, the CPI attempts to contact the parent/caretaker before having the school nurse examine the child. If the parent/caretaker cannot be reached, the CPI has the school nurse examine the child. In this instance, the school nurse completes the Suspected Abuse/Injury Note Work Sheet and the CPI witnesses the form.~~
 - ~~2. Examination of a child ten years or over must be conducted by a CPI who is the same sex as the child.~~
 - ~~3. The CPI may never disrobe and/or examine a child who is alleged to have been sexually abused.~~
 - ~~4. The Suspected Abuse/Injury Note Worksheet documents an injury sustained by a child. The Worksheet is a valuable tool in the decision-making process to "indicate" or "unfound" a report and can be used as evidence in court proceedings. Photographs of the child's injury may be placed in the Investigative Record in place of the worksheet:~~
 - ~~a. The Suspected Abuse/Injury Note Worksheet is completed by the CPI at the time of the examination. It is never completed from memory.~~
 - ~~b. The CPI completes identifying information at top of form.~~
 - ~~c. The CPI draws the injury on the appropriate body view. Adjacent to the injury depiction, the CPI describes the size, depth, shape, color, and estimated age of the injury. If there are multiple injuries depicted on the chart, the CPI draws an arrow from the description to the appropriate drawing.~~
 - ~~d. CPIs must have witness(es) to the examination sign the back of the Suspected Abuse/Injury Note Worksheet after reviewing the form.~~

~~II. Examination by Physician or Nurse Practitioner~~

- ~~A. When immediate and intensive medical diagnosis and treatment are indicated, medical intervention receives priority over other parts of the investigative process.~~
- ~~B. Securing a medical examination, including X-rays and photographs, is also considered in non-emergency situations when this information or evidence is~~

~~believed necessary to substantiate the allegations of abuse and/or neglect. The Report of Examination is completed by the attending physician or nurse practitioner immediately following the examination.~~

- ~~1. The CPI consults with the parent/caretaker and offers the following options:
 - a. The parent/caretaker and CPI will take child to physician or nurse practitioner or hospital emergency room.
 - b. The CPI will take the child to a physician or nurse practitioner or hospital emergency room.
 - c. The parent/caretaker and CPI can jointly disrobe the child and conduct a cursory exam to be followed by a physical examination by a licensed physician or nurse practitioner.
 - d. If the parent/caretaker refuses to cooperate, the CPI takes the child to be examined with or without consent of the parent/caretaker.~~
- ~~2. An examination by a licensed physician or nurse practitioner must be conducted in the following situations. The CPI may request that he/she be allowed to observe the examination:
 - a. There is evidence of abuse or neglect.
 - b. The child states that he/she has been physically/sexually abused or neglected.
 - c. There are allegations of abuse, unsubstantiated by examination by the CPI, but the child is too young and/or non-verbal and cannot confirm or deny the report or aid in the examination.
 - d. The child is severely ill and requires immediate medical attention (refer to Investigative Handbook, Section 2.5.1, Medical Examinations). In such situations the CPI never wastes time disrobing or observing the child.~~
- ~~3. The Report of Examination serves as a document for the attending physician or nurse practitioner to record pertinent data from the examination of a child referred for possible abuse or neglect:
 - a. The Report of Examination must be completed by the attending physician or nurse practitioner immediately following examination.
 - b. The physician or nurse practitioner is responsible for noting and documenting any evidence of physical abuse or neglect.
 - c. The Report of Examination can be used as prima facie evidence in seeking an Ex Parte, Order of Detention (refer to Investigative Handbook, Section 4.4, The Burden and Standard of Proof, and **DCYF Policy 500.0075, Removal of Child from Home**).~~

~~Documenting Results of Child Protective Services Investigations in RICHIST~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0095~~

~~Effective Date: December 9, 2011~~

~~Version 1~~

~~To ensure accurate and current collection of information regarding reports of child abuse and neglect, the Department has established guidelines by which the Investigative Unit documents information in RICHIST when such information is obtained or as soon as possible.~~

~~Related Procedure~~

~~Documenting Results of Child Protective Services Investigations in RICHIST~~

~~Related Policy~~

~~Rhode Island Children's Information System (RICHIST)~~

~~Documenting Results of Child Protective Services Investigations in RICHIST
Procedure from Policy 500.0095: Documenting Results of Child Protective Services
Investigations in RICHIST~~

- ~~A. The assigned Child Protective Investigator (CPI) receives a copy of the Child Protective Services (CPS) report which reflects:~~
- ~~1. A listing and narrative details of the allegations made.~~
 - ~~2. The investigative response time.~~
 - ~~3. The level of investigation.~~
 - ~~4. Other information specific to the report.~~
- ~~B. The investigative process includes but is not limited to:~~
- ~~1. Reviewing RICHIST history.~~
 - ~~2. Locating the subjects of the report.~~
 - ~~3. Contacting the reporter/source (if identified).~~
 - ~~4. Gathering relevant, collateral information.~~
- ~~C. The CPI enters information in RICHIST as it is obtained or as soon as possible thereafter. The CPI updates information in RICHIST as appropriate.~~
- ~~D. If the CPI finds it necessary to obtain Temporary Protective Custody, he/she updates the Child Welfare Status on the Court Activity Window and updates the placement information on the Out of Home Placement Window.~~
- ~~E. When a CPI removes a child from the home for any reason, he/she sends a partial packet to Intake by the next business day. The partial packet includes all hard copy information up to that point in the investigation which will aid the Intake Social Worker in formulating an immediate service plan for the child. All other information is assigned to Intake in RICHIST. The CPI completes the investigation as expeditiously as possible. The entire investigation is assigned to Intake by the CPI Supervisor upon completion.~~
- ~~F. All efforts are made to complete each investigation within ten days.~~
- ~~1. The CPI submits the completed investigation to his/her supervisor for approval.~~
 - ~~2. If a CPI needs an extension of the ten day time frame for completion of an investigation, he/she requests the extension using the Extension Pop-Up Window in the Investigation Window of RICHIST.~~

Runaway Calls

Rhode Island Department of Children, Youth and Families

Policy: 500.0105

~~Effective Date: July 7, 1984 Revised Date: February 6, 1989 Version: 2~~

~~As a method of facilitating the reporting of the runaway activity of a child in DCYF foster/relative/institutional care, during nonstandard working hours (4:00 p.m. to 8:30 a.m.) calls, faxes, e-mail, or written notice reporting the child as a runaway and calls, faxes, e-mail, or written notice reporting the return of the child from runaway status must be routed through the Call Floor. Each runaway/runaway return call, faxes, e-mail, or written notice received through the Call Floor is documented on the Call Log. Pertinent information is entered in a Case Activity Note and an E-mail is sent to the worker.~~

~~During standard working hours (8:30 a.m. to 4:00 p.m.) Monday through Friday, the primary service worker/supervisor is contacted directly by the person reporting either a runaway or a runaway return.~~

~~Runaway reports regarding children active with the Department but residing with their own families do not have to come through the Call Floor. Any individual making such a referral is instructed to call the local police department, and the call is documented on the Call Log as a Referral.~~

~~Particular protocols exist when there is a runaway with a special medical condition.~~

Related Procedure...

[Handling Runaway Calls](#)

Handling Runaway Calls

Procedure From Policy 500.0105: Runaway Calls

- A. ~~Upon receipt of a runaway call involving a child in DCYF foster/relative/institutional care, the Call Floor worker updates the Placement Window to AWOL status, documents the information in a Case Activity Note and sends an E-mail message to the primary worker.~~
- B. ~~Upon receipt of a runaway return call involving a child in DCYF foster/relative/institutional care, the Call Floor worker updates the Placement Window to reflect the current placement of the child, documents the information in a Case Activity Note and sends an E-mail message to the primary worker.~~
- C. ~~At no time is the Call Floor worker to make police notification. If not already done, vendors are instructed to report the child missing or returned to their local police department.~~

~~Investigative Reports and Record Keeping~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0110~~

~~Effective Date: December 9, 2011~~ _____ **~~Version 1~~**

~~The appropriate recording of information is a necessary and fundamental skill required to establish an investigative plan and to conduct professional and quality investigations. Future Child Protective Investigators and/or primary worker, who may deal with the family, will benefit from the information contained in the record. Thorough documentation also demonstrates that all standards and mandates have been met.~~

~~In order to ensure accuracy and preserve the possibility of introducing the case record as evidence under the business records exception to the hearsay rule, all entries are completed as near to the recorded event as possible.~~

~~Related Procedure~~

~~Investigative Reports and Record Keeping~~

Investigative Reports and Record Keeping

Procedure from Policy 500.0110: Investigative Reports and Record Keeping

- A. ~~Physician's Report of Examination—This form is completed by the attending physician or nurse practitioner to record pertinent data from the examination of a child referred for possible abuse or neglect. The form is completed immediately after the physician's or nurse practitioner's examination.~~
- B. ~~Temporary Protective Custody—This information is documented RICHIST as an update of the Child Welfare Status in the Court Activity Window. Specific information regarding protective custody including the reason(s) for the protective custody and date of notification to the parents is entered in a Case Activity Note. Placement information is entered in the Out of Home Placement Window. This documentation is completed as soon as possible after the removal of the child and must be completed by the end of the Child Protective Investigator's (CPI's) shift.~~
- C. ~~Child Abuse/Neglect Investigation Interview Notes—This information is a required record of completed and attempted in-person and telephone contacts regarding the investigation. These Case Activity Notes allow the CPI to document the date, time, and place of the conversation and summarize the important facts obtained from the interview. This information is completed immediately after each interview using the text button associated with a Case Activity Note.~~
- D. ~~CPI's Observations/Recommendations—This RICHIST form is used to record all observations gleaned from the investigation and is completed as soon as possible after the observations are made. The form documents the current safety plan.~~
- E. ~~Investigative Summary—This RICHIST form summarizes the CPI's activities related to the investigation. It restates the allegations, lists all persons interviewed, lists all documentation and related evidence and documents the reason for the determination of "indicated" or "unfounded."~~
- F. ~~Investigation Completion Checklist for Indicated Case Checklist—This RICHIST form is completed for all indicated investigations.~~
- G. ~~Foster Parent Affidavit—This form is presented by the CPI to a foster parent(s) under investigation for institutional abuse or neglect during the initial contact. If the foster parent(s) wishes to file this form, he/she completes this document, has it notarized, and returns it to the CPI within forty-eight hours of receipt.~~
- H. ~~Final Finding Report—is documentation of whether the CPI "Indicated" or "Unfounded" the allegations and is completed within ten days of the commencement of the investigation, unless extension(s) is approved and then not longer than thirty days maximum.~~

- ~~I. Voluntary Placement Agreement—This form documents the consent of the parent or guardian for the Department to place the child(ren) out of the home and specifies the proposed time limit for the placement. Prior approval by the Supervisor and the Unit Administrator must be obtained before a voluntary placement can occur. The form must be signed and completed prior to the removal of the child.~~

- ~~J. Medical Consent Authorization—This form documents the consent of the parent or guardian for provision of routine and emergency medical and dental treatment to child(ren) removed from the home. The Consent must be signed and completed prior to the removal of the child unless emergency removal was necessary. In such situations a Consent form must be completed and signed as soon as possible.~~

- ~~K. Emergency and Routine Medical Authorization for a Child in Placement—This form certifies that DCYF records contain a signed consent by the parent or guardian for medical treatment authorization and extends the authority to the child care facility or foster home. The form must be signed and completed prior to the actual placement of the child or as soon as the form has been signed. (If the parent or guardian refuses to sign, the Department requests permission from the Family Court.) The form is presented to the facility/foster home representative.~~

- ~~L. Authorization to Obtain/Release Confidential Information—This form documents that the parent(s)/guardian(s) consents or refuses the disclosure and release of confidential information concerning medical, psychiatric/psychological, substance abuse, social history, financial, or other matters. The CPI attempts to have the form signed by the parent or guardian upon his/her initial in-person contact whenever possible. If, in an emergency, this is not appropriate, the CPI attempts to obtain the parent(s)' or guardian(s)' signature within twenty four hours of the commencement of the investigation.~~

- ~~M. Agreement to Participate in Family Care Community Partnership (FCCP)—This form documents the parent(s) or guardians(s) agreement to participate in the FCCP and authorizes the release of Department information the FCCP. Having received supervisory approval, the CPI completes the form and has it signed by the parent(s) or guardian(s) at the time of the on-site referral to the FCCP.~~

~~Drug Usage During Pregnancy~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0125~~

~~Effective Date: January 22, 1990—Revised Date: December 9, 2011—Version: 2~~

~~The Department carefully considers all calls to the Child Abuse Hotline alleging drug and/or alcohol use by a pregnant woman. A call alleging drug and/or alcohol abuse may be received during the pregnancy, after delivery while the newborn is at the hospital or after a newborn is already home. An investigation is conducted if there is a specific allegation of abuse and/or neglect of the newborn and/or other children in the home. If, during the course of the investigation, the preponderance of evidence uncovered indicates that mother used drugs and/or alcohol during pregnancy, an allegation of drug/alcohol abuse is added to the investigation. Such evidence may include positive prenatal drug screen(s), positive toxicology screen on mother or newborn while in the hospital or admission by mother that she used drugs during pregnancy.~~

~~When a woman has tested positive for drugs and/or alcohol during prenatal treatment, there is good cause to test both her and her baby for the presence of drugs immediately after the birth. Babies born with drugs in their systems, as evidenced by a positive toxicology screen at birth or observable withdrawal symptoms, babies born to mothers who admit using drugs during pregnancy or who have been observed ingesting drugs and babies born with fetal alcohol syndrome must be reported to the Child Abuse Hotline. A Report of Examination is completed by the attending physician/nurse practitioner. If the method of use is known, such information is reported to the Department. All such reports are investigated by the Department.~~

~~If an investigation is founded and to ensure that these babies and their families are provided with necessary intervention, treatment and services, the assigned Child Protective Investigator (CPI) consults his/her supervisor and DCYF Legal Counsel as to the advisability of requesting an Order of Detention, Ex Parte, or a Straight Petition. Whether or not a Straight Petition is filed, the assigned Child Protective Investigator (CPI) refers the family to community services as appropriate.~~

~~Related Procedure~~

~~Drug Usage During Pregnancy~~

~~Related Policy~~

~~Information/Referral (I/R) Reports~~

Drug Usage During Pregnancy

Procedure from Policy 500.0125: Drug Usage During Pregnancy

- A. ~~A Child Protective Services (CPS) report is completed by the Call Floor worker for all reports that a pregnant woman is using drugs:~~
1. ~~An investigation is initiated if there are specific allegations of abuse and/or neglect of child(ren) in the home.~~
 2. ~~In conformance with **DCYF Policy 500.0040, Information/Referral (I/R) Reports**, an Information Referral is entered into RICHIST if there are no specific allegations of abuse and/or neglect and/or there are no child(ren) in the home.~~
- B. ~~A CPS report is completed by the Call Floor worker for all reports alleging that a newborn's mother used drugs during pregnancy. This procedure applies whether the report is received before or after the newborn's mother leaves the hospital.~~
1. ~~The CPS report is forwarded through the Call Floor Supervisor to the Investigative Unit for assignment.~~
 2. ~~An investigation of the report is initiated by a Child Protective Investigator (CPI).~~
 3. ~~The CPI gathers all information pertinent to the case and completes the investigation:~~
 - a. ~~If the investigation is indicated, the CPI confers with his/her supervisor and Department Legal staff as to the advisability of requesting an Order of Detention, Ex Parte.~~
 - b. ~~If it is determined that an Order of Detention, Ex Parte is not warranted, the CPI confers with his/her supervisor and Department Legal staff as to the advisability of requesting a Straight Petition. Appropriate referrals for services are made whether or not legal status is sought.~~
 - e. ~~The case is transferred to the Intake Unit.~~

~~Safe Haven for Infants Act~~

~~Rhode Island Department of Children, Youth and Families~~

~~Policy: 500.0130~~

~~Effective Date: February 3, 2003—Revised Date: December 9, 2011—Version: 2~~

~~To ensure the safety and well being of infants at risk of abandonment, the "Safe Haven for Infants Act" (Rhode Island General Law 23-13.1) allows a parent to anonymously relinquish an infant without facing prosecution. This Act requires every hospital, open medical emergency facility, fire station or police station operating in Rhode Island to take, without court order, temporary physical custody of an infant appearing to be age thirty days or younger, who is voluntarily left with a staff member of the facility by a parent of the infant or a person acting on behalf of the parent when that person does not express an intent to return for the infant and circumstances give rise to a reasonable belief that the person does not intend to return for the infant.~~

~~A parent or a person acting at the direction of the parent who leaves a child at one of these facilities is immune from prosecution for the act of abandonment if the infant is left in the physical custody of a staff member of the hospital or one of the other facilities and a comprehensive medical examination determines the infant has not been harmed or been the victim of physical neglect or abuse. The person leaving the infant may leave information regarding the identity of the infant, the parent or other family member but is not required to do so. It is the responsibility of the hospital or other facility to offer the person written information provided by the Department concerning the legal effect of leaving the infant and the rights and immunity of the parents. The Department is responsible to develop an awareness program that includes, in part, the issuing of pamphlets and other literature to disseminate information regarding the rights and immunity established under this law.~~

~~The hospital or other designated facility must immediately contact the Department regarding the infant. The Department responds immediately to the hospital or other facility, place the child on a child protective hold and make arrangements for the child to undergo a comprehensive medical examination by a physician or a licensed nurse practitioner in accordance with RIGL 40-11-5. Thereafter, the Department petitions the Family Court for an Ex Parte order to place the child in the temporary custody of the Department pursuant to RIGL 40-11-7. If no person has asserted a claim to be the parent of the infant within ninety days after the Department has obtained temporary custody of the infant, the Department must initiate proceedings to terminate the parental rights of the parents on the legal basis of abandonment.~~

~~Related Procedure~~

~~Safe Haven for Infants Act~~

Related Policy

Removal of Child from Home

Safe Haven for Infants Act

Procedure from Policy 500.0130: Safe Haven for Infants Act

- A. ~~The Safe Haven for Infants Act provides immunity to the parent or person acting for the parent under the following circumstances:~~
- ~~1. Newborn child who is surrendered is thirty days old or younger.~~
 - ~~2. The infant is left in the physical custody of staff at a hospital, open medical emergency facility, police station or fire station.~~
 - ~~3. The person leaving the infant must be a parent or acting at the direction of the parent.~~
 - ~~4. A comprehensive physical examination determines the infant is not a victim of abuse or neglect. Injuries and/or conditions resulting from childbirth are not considered abuse or neglect.~~
- B. ~~The role and responsibilities of the hospital or other designated facility:~~
- ~~1. Take physical custody when an infant is left by a person who does not express an intent to return for the infant and the circumstances give rise to a reasonable belief that a person does not intend to return for the infant.~~
 - ~~2. Provide the parent or agent of the parent written information concerning the legal effect of leaving the infant and the rights and immunity of the parents.~~
 - ~~3. Keep confidential, except to share with the Director of the Department or designee, any identifying information about the person leaving the infant, the infant, the parents or other family member of the infant obtained from the person leaving the infant.~~
 - ~~4. Obtain any necessary medical care and treatment for an infant left at a hospital or other facility that the attending physician believes necessary for the infant's well being, including testing for the human immunodeficiency virus and hepatitis.~~
 - ~~5. Immediately notify the Child Abuse Hotline after taking physical possession of the infant.~~
 - ~~6. If the court determines that immunity provisions do not apply and issues an order of the court, the hospital or designated facility must disclose available information relating to the identity of the person, the infant, the parents of the infant or other family member of the infant to the Office of the Attorney General.~~
 - ~~7. The hospital or designated facility and/or any staff person associated with the hospital or facility shall be immune from criminal or civil liability arising from actions taken related to, but not limited to, determining the age of, receiving, examining or otherwise treating the infant. This immunity does not apply to acts or omissions constituting negligence or reckless, wanton or intentional misconduct.~~
- C. ~~The role/responsibilities of the Department~~
- ~~1. Accept report made to the Child Abuse Hotline regarding infant left at the hospital or designated facility. This report is accepted as an Intake~~

~~Services Referral and assigned to an investigator as a Safe Haven Report/Task:~~

- ~~a. — Immediately obtain a 72-hour hold from physician/nurse practitioner if infant was left at hospital or medical facility or a 48-hour child protective hold (law enforcement or DCYF) if infant was left at fire or police station. Refer to DCYF Policy 500.0075, Removal of Child from Home.~~
 - ~~b. — Arrange for a comprehensive medical examination of the infant by a licensed physician or registered nurse practitioner, if not already completed.~~
 - ~~c. — Make arrangements to place the infant in foster care until a permanent home is identified.~~
 - ~~d. — File an Ex Parte Petition with the Family Court to seek custody of the infant.~~
 - ~~e. — Initiate proceedings to terminate the parental rights of the parents of the infant on the legal basis of abandonment if no person comes forward to assert a claim to be the parent of the infant within ninety days after the Department has obtained temporary custody.~~
- ~~2. — If it is determined, through the comprehensive medical examination of the infant by a physician or a licensed nurse practitioner, that the infant has been harmed or has been the victim of any physical neglect or abuse, the matter is classified as an investigation of child abuse and/or neglect and investigated in accordance with standard Departmental investigative procedures.~~

214-RICR-20-00-1

TITLE 214 – DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

CHAPTER 20 – Child Protective Services

SUBCHAPTER 00 – N/A

PART 1 – Child Protective Services

1.1 Purpose

These regulations contain the requirements for reporting child abuse and neglect to the Department of Children, Youth and Families, and the Department's criteria to screen in or screen out all reports and assign for investigation, if the report meets the conditions of child abuse and/or neglect. Reports may involve families new to the Department, families actively being serviced by the Department, families previously active with the Department and incidents of institutional abuse and/or neglect. Reports must involve a child under eighteen (18) years of age or under twenty-one (21) years of age if the youth is residing in foster or institutional care or if the youth is in Department custody, regardless of placement.

1.2 Authority

These regulations are promulgated pursuant to R.I. Gen. Laws §§ 11-5-11, 11-37-6, 14-1-3, 14-1-27, 40-11-2, 40-11-3, 40-11-3.2, 40-11-4, 40-11-5, 40-11-6, 40-11-7, 40-11-12.2, 40-13.2-3.1, 40-72-11, 42-72, 42-72.1-4, 42-72-8, 42-72-14, and Adoption Assistance and Child Welfare Act of 1980, Pub. L. No. 96-272, Adoption and Safe Families Act of 1997, Pub. L. No. 105-89, and Child Abuse Amendments of 1981, Pub. L. No. 98-457.

1.3 Application

The terms and provisions of these regulations shall be liberally construed to permit the Department to effectuate the purposes of state law, goals, and policies.

1.4 Severability

If any provision of these regulations or application thereof to any person or circumstance is held invalid by a court of competent jurisdiction, the validity of the remainder of the regulations shall not be affected thereby.

1.5 Definitions

- A. "Caregiver" means a parent or legal guardian or other person responsible for the child's welfare, as defined in § 1.5(H) of this Part.
- B. "Child abuse and neglect" or "CA/N" means a child whose physical or mental health or welfare is harmed, or threatened with harm, when his or her parent or other person responsible for his or her welfare:
1. Inflicts, or allows to be inflicted, upon the child physical or mental injury, including excessive corporal punishment; or
 2. Creates, or allows to be created, a substantial risk of physical or mental injury to the child, including excessive corporal punishment; or
 3. Commits, or allows to be committed, against the child, an act of sexual abuse; or
 4. Fails to supply the child with adequate food, clothing, shelter, or medical care, though financially able to do so or offered financial or other reasonable means to do so; or
 5. Fails to provide the child with a minimum degree of care or proper supervision or guardianship because of his or her unwillingness or inability to do so by situations or conditions such as, but not limited to: social problems, mental incompetency, or the use of a drug, drugs, or alcohol to the extent that the parent or other person responsible for the child's welfare loses his or her ability or is unwilling to properly care for the child; or
 6. Abandons or deserts the child; or
 7. Sexually exploits the child in that the person allows, permits, or encourages the child to engage in prostitution as defined by the provisions in R.I. Gen. Laws § 11-34.1-1 et seq., entitled "Commercial Sexual Activity"; or
 8. Sexually exploits the child in that the person allows, permits, encourages, or engages in the obscene or pornographic photographing, filming, or depiction of the child in a setting that

taken as a whole, suggests to the average person that the child is about to engage in, or has engaged in, any sexual act, or that depicts any such child under 18 years of age performing sodomy, oral copulation, sexual intercourse, masturbation, or bestiality; or

9. Commits, or allows to be committed, any sexual offense against the child as such sexual offenses are defined by the provisions of R.I. Gen. Laws Chapter 11-37, entitled "Sexual Assault", as amended; or
10. Commits, or allows to be committed, against any child an act involving sexual penetration or sexual contact if the child is under fifteen (15) years of age; or if the child is fifteen (15) years or older, and (1) force or coercion is used by the perpetrator, or (2) the perpetrator knows, or has reason to know, that the victim is a severely impaired person as defined by the provisions of R.I. Gen. Laws § 11-5-11, or physically helpless as defined by the provisions of R.I. Gen. Laws Chapter 11-37.
- C. "Commercial sexual exploitation of children" or "CSEC" refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person.
- D. "CPI" means the Department's Field Child Protective Investigator.
- E. "CPS" means the Department's Child Protective Services division.
- F. "CPS Hotline" means the Department's Child Protective Services Hotline that provides a statewide, toll-free phone number to receive child abuse and neglect (CA/N) reports twenty-four (24) hours per day, seven days per week.
- G. "Department" means Rhode Island's Department of Children, Youth and Families.
- H. "Person responsible for the child's welfare" means the child's parent or guardian, any individual, eighteen (18) years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child, a foster parent (relative or non-relative), an employee of a public or private residential home or facility or any staff person providing out-of-home care, which includes family child care, group child care and center-based child care.
- I. "Preponderance of the evidence" means evidence of a greater weight or more convincing than the evidence in opposition to it; that is, evidence which shows that the fact sought to be proved is more probable than not.

J. "Severe forms of trafficking in persons" means:

1. sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained eighteen (18) years of age; or
2. the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

K. "Sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

L. "Standardized screening tool" means an assessment instrument that is developed based on statistical analysis of identifying factors that statistically predict child maltreatment. The assessment tool is utilized to screen reports made to the central intake center for purposes of screening in CPS reports for an investigation or a family assessment response.

M. "Victim of a severe form of trafficking" means a person subject to an act or practice described in § 1.5(J).

1.6 Reporting Child Abuse and Neglect

A. Any person who has reasonable cause to know or suspect that any child has been abused or neglected, sex trafficked, commercially sexually exploited, human trafficked, or is a victim of sexual abuse by another child, must report that information to the Department's Child Protective Services (CPS) Hotline within twenty-four (24) hours.

B. Any person who has reasonable cause to know or suspect that any child has been the victim of sexual abuse by an employee, agent, contractor, or volunteer of an educational program must report that information to the Hotline within twenty-four (24) hours.

C. Any physician or duly certified registered nurse practitioner that determines that a child under the age of twelve (12) is suffering from any sexually transmitted disease must report that information to the Hotline within twenty-four (24) hours.

D. Babies born with drugs in their systems, as evidenced by a positive toxicology screen at birth or observable withdrawal symptoms, babies born to mothers who admit to using drugs during pregnancy or who have been observed ingesting drugs while pregnant, and babies born with fetal alcohol syndrome must be reported to the Hotline.

- E. Any person who has knowledge or suspicion of medical neglect or withholding of medical treatment from a child must report that information to the Hotline within one hour of learning this information.
- F. Any entity designated under R.I. Gen. Laws Chapter 23-13.1 (hospital, open medical emergency facility, fire station, or police station), that receives an infant under the provisions of the Safe Haven for Infants Act must notify the Hotline immediately after taking physical possession of the infant.
- G. All reports to the Hotline are electronically recorded and maintained for a minimum of three years in a central registry.
 - 1. Any person who has been reported for child abuse and/or neglect (CA/N) and who has been determined not to have neglected and/or abused a child, will have his or her record, relative to that incident, expunged three years after that determination.
 - 2. Additionally, any report made to the Hotline that does not meet the criteria for a CPS investigation is expunged after three (3) years.

1.7 Criteria for Child Protective Services Investigation

- A. The Department must investigate reports that allege child abuse and/or neglect when reasonable cause to believe that abuse or neglect exists. CA/N reports accepted for investigation must contain the following elements:
 - 1. Harm or substantial risk of harm to the child (under eighteen (18) years of age or under twenty-one (21) years of age if the youth is residing in foster or institutional care or if the youth is in Department custody, regardless of placement) is present; and
 - 2. An incident or pattern of incidents suggesting child abuse and/or neglect; and
 - 3. A person responsible for the child's welfare has allegedly abused or neglected the child; or
 - 4. Allegations of child on child sexual abuse; or
 - 5. Allegations of sexual abuse by school personnel; or
 - 6. Allegations of sex trafficking and/or severe forms of trafficking of a child under eighteen (18) or under twenty-one (21) years of age if in Department custody.

B. For purposes of CA/N reports relating to allegations of sex trafficking and/or severe forms of trafficking, any person (not limited to the parent or other person responsible for the child's welfare) who is alleged to be responsible for committing or allowing to be committed any act of sex trafficking, commercial sexual exploitation, or human trafficking must be subject to an investigation by the Department to determine if the child is a victim of child abuse or neglect. Any child identified as a victim of sex trafficking or severe forms of trafficking is considered a victim of child abuse and neglect and sexual abuse.

C. A CPS investigation must be initiated when the Department receives a report that a parent has assigned or otherwise transferred to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen (18) years of age, unless the arrangement was authorized by an order or decree of the court.

D. A CPS investigation must be initiated when the Department receives a report that a perpetrator, who has been convicted, adjudicated, or indicated for the following categories of sexual abuse or serious physical abuse, has physical access to other children.

1. Convictions:

- a. Murder (involving a child)
- b. First degree child abuse
- c. Battery by an adult upon children ten years of age or younger - serious bodily injury
- d. First degree child molestation
- e. Second degree child molestation

2. Adjudications in Family Court

- a. Termination of Parental Rights based on finding of conduct toward a child of a cruel and abusive nature
- b. Sexual abuse

3. Indicated Abuse Findings (CPS)

- a. Death
- b. Brain damage

- c. Subdural hematoma
- d. Internal injuries
- e. Intercourse
- f. Sexual exploitation
- g. Molestation

E. The Department must issue an alert to area hospitals when there is a risk of harm to a child born to a parent with a history of substantiated child abuse or neglect or a child abuse/neglect conviction.

- 1. The birthing hospital must contact the CPS Hotline upon the birth of the infant in response to the safety alert.

1.8 Response Priorities

A. Department staff utilize a standardized screening tool to determine the response priority for each report of child abuse or neglect that is screened in for an investigation. Response priorities delineate the time limit for the Department to process the report and for the initiation of an investigation.

B. Assigned investigations must commence within the timeframe of the designated response priority. For all response priorities below, the investigation is initiated when the CPI makes contact or attempts to contact any party associated with the investigation.

- 1. Priority 1 Response – The CPS report must be processed for case assignment within thirty (30) minutes after the call is completed. The CPI must respond to the report within four (4) hours of the report being received to CPS.
- 2. Priority 2 Response – The CPS report must be processed for case assignment within two (2) hours after the call is completed. The CPI must respond to the report within twelve (12) hours of the report being received to CPS.
- 3. Priority 3 Response – The CPS report must be processed for case assignment within four (4) hours after the call is completed. The CPI must respond to the report within forty-eight (48) hours of the report being received to CPS.

C. Response priorities reflect the level of harm or risk of harm to the child.

- 1. Priority 1 response criteria include:

- a. Child in imminent danger of physical harm.
 - b. Child abandoned and in imminent danger.
 - c. Child unsupervised and in imminent danger.
 - d. Family may flee or child may disappear.
 - e. Child at hospital for examination/parents present and awaiting questioning.
 - f. Child death due to alleged child abuse or neglect/other children in family.
 - g. Child held by police/physician/nurse practitioner on a forty-eight (48) hour hold for DCYF placement.
 - h. Other circumstances of the case constitute an emergency.
2. Priority 2 response criteria include:
- a. Alleged abuse or neglect in which the child is not in imminent danger but other risk factors are present.
 - b. Child abandoned but not in imminent danger.
 - c. Child unsupervised but not in imminent danger.
 - d. Child hospitalized on a seventy-two (72) hour hold.
3. Priority 3 response criteria are used for all other reports in which there is minimal risk of harm to the child.

1.9 Standards for Investigating Child Abuse & Neglect (CA/N) Reports

- A. Child abuse and/or neglect investigations must include personal contact with each child named in the report as well as any other children in the household.
- B. When the alleged perpetrator is the parent or guardian of a child victim, the Department makes every effort to confirm the past and present whereabouts of any child of that parent or guardian not residing in the household at the time of the alleged incident of abuse and/or neglect.
- C. The Department interviews the child, if the child is of the mental capacity to be interviewed, in the absence of the person responsible for the alleged abuse and/or neglect.

1. The Department has the right to question the child without the consent of the parent or other person responsible for the child's welfare.
 2. If the Department is denied access to the child, the Department must request the intervention of the local law enforcement agency or seek an appropriate court order to examine and interview the child.
- D. For allegations of Institutional Abuse or Neglect, the Department makes every effort to locate and interview each child present in the child care facility at the time the abuse and/or neglect took place, whether or not he or she is the alleged victim.
- E. The standard of proof to indicate a report of Child Abuse or Neglect is a "preponderance of the evidence."
- F. All efforts are made to complete each investigation within thirty (30) days. If an extension of the thirty (30) day timeframe for completion of an investigation is necessary, a supervisor and/or administrator may grant an extension request up to fifteen (15) additional days.

1.10 Police Involvement in a Child Protective Investigation

The Department must notify the local law enforcement if any Department child abuse/neglect investigation reveals an activity which is a criminal offense.

1.11 Removal of a Child from the Home

- A. Physicians/nurse practitioners, law enforcement officers, child protective investigators and social caseworkers II are authorized to issue a protective custody hold on a child without the consent of a parent or legal guardian.
1. A physician/nurse practitioner may authorize a seventy-two (72) hour hold on a child who has suffered a physical injury that appears to have been caused by other than accidental means or a child suffering from the effects of sexual molestation or malnutrition or other serious medical neglect:
 - a. Physician/nurse practitioner files a Report of Examination and authorizes the seventy-two (72) hour hold.
 - b. Physician/nurse practitioner must contact the Hotline to advise the Department of the hold.

- c. If the child requires medical treatment, the child may remain in the hospital during the protective hold.
 2. A law enforcement officer can invoke a forty-eight (48) hour hold if he/she has reasonable cause to believe that imminent danger to the child's life or health exists. If a law enforcement officer places a child on a hold, he or she must notify the Hotline to determine if an investigation is warranted.
 3. A CPI or Social Caseworker II may invoke a protective custody hold on a child for forty-eight (48) hours without the consent of the parent or guardian if a parent or guardian is unwilling, unable, or unavailable to cooperate in the protection of the child and/or the child would be at imminent risk of harm if left in the home.
- B. If a decision is made to seek custody and/or placement beyond the forty-eight (48) or seventy-two (72) hours, an Ex Parte Order of Detention or an Emergency Motion for a Change in Placement must be filed in Family Court prior to the expiration of the hold (depending on whether a petition has already been filed in Family Court).
 1. If the forty-eight (48) hour or seventy-two (72) protective hold expires on a weekend or holiday, the Department must obtain a verbal Ex Parte Order of Detention from a Family Court Judge through the Department's Office of Legal Counsel prior to the expiration of the hold.

1.12 Examination of Child by Physician/Nurse Practitioner

- A. A child who is suspected of being physically or sexually abused must be examined by a licensed physician or nurse practitioner.
- B. A child who is suspected of being neglected must be examined by a licensed physician or nurse practitioner when there is evidence that the suspected neglect has had a detrimental effect on the child's physical well-being.
- C. The Department must secure a medical examination for any child removed pursuant to a forty-eight (48) hour hold with or without the consent of the parent or legal guardian.

1.13 Letters of Notification

- A. Notification of Investigation Findings

1. The Notification of Child Protective Services Investigation Findings form informs a person, who is alleged to have perpetrated abuse and/or neglect upon a child, whether the investigation will be "indicated" or "unfounded" and identifies the allegation(s) that have been "indicated" or "unfounded".
 - a. This notice is mailed to the alleged perpetrator at his or her last known mailing address and advises the alleged perpetrator that:
 - (1) In the case of an "indicated" finding, the Department maintains the record permanently unless appealed.
 - (2) In the case of an "unfounded" finding, the Department maintains the record for a period of three years.
 - (3) All persons who have been aggrieved by a Department determination have a right to appeal. All requests for appeal are submitted in writing to the Executive Office of Health and Human Services.
 - (4) Any person seeking to file an appeal must submit a written request within thirty (30) days of the date that individual receives written notice of the disposition of the investigation.
 - (5) The "indicated" finding may be disseminated to a prospective child care employer.
 - b. Notification is mailed within three working days of completion of the investigation.

1.14 Family Assessment Response

- A. The Department utilizes a standardized screening tool to determine if a report made to the Hotline that contains a concern about the well-being of a child but does not meet the criteria for a child abuse/neglect investigation should be screened in for a family assessment.
 1. The family's participation in the family assessment is voluntary, the family may decline to participate. Should this occur, the family assessment caseworker and supervisor convene a meeting to reassess the risk and/or concerns to determine if they should be elevated to an investigation. If so, the family assessment caseworker files a report with the child abuse Hotline.

2. The Department conducts a thorough assessment of child safety and risk for all children in the home during the family assessment response, and develops a safety plan with the family, if necessary.
3. The family assessment consists of:
 - a. A face to face meeting within three (3) days of case assignment with the parent or guardian, the child, and any other household members and family supports.
 - b. Completion of a standardized risk and safety assessment.
 - c. Criminal background checks and DCYF clearances for caregiver(s), and household members over the age of eighteen (18).
 - d. Service assessment and delivery to stabilize and mitigate risk.
- B. Information that may be screened in for a family assessment response includes, but is not limited to, the following vulnerability factors and risk areas:
 1. Child is age (6) six and under;
 2. A caregiver or child's emotional, physical, or developmental condition;
 3. Circumstances indicating that the caregiver's protective capacity may be compromised but not to the level of requiring an investigation.
 4. A prior report within a twelve (12)-month period involving a family with a child age six (6) or under, or with two (2) or more children;
 5. One or more prior reports received on a family within a three (3)-month period;
 6. A prior indicated investigation or removal within the past twelve (12) months;
 7. Any other risk factors that may compromise the well-being of the child; or
 8. Whether the report was called in by a professional mandated reporter.

C. Any report screened in for a family assessment response may be upgraded to an investigation if there is any evidence or reason to suspect child abuse or neglect in accordance with this rule and the Rhode Island statute governing child abuse/neglect investigations.