

# Rhode Island Department of Children, Youth and Families Department Operating Procedure

	DOP Number: <b>Policy: 500.0050</b>	Effective Date: <b>January 10, 2018</b>	Page 1 of 19
	Version #:8	Revision History: <b>July 7, 1984 V.1 February 24, 2014 V.7</b>	Director:
Section: <b>Child Abuse/Neglect Investigations</b>		Title: <b>Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3)</b>	
Legal Authority: <ul style="list-style-type: none"> <li>• Rhode Island General Law §40-11-2</li> <li>• Rhode Island General Law §40-11-7</li> </ul>			
Related DOPs: <ul style="list-style-type: none"> <li>• Criteria for a Child Protective Services Investigation, DOP: 500.0010</li> <li>• Removal of Child from Home, DOP:500.0075</li> <li>• Police Involvement in Child Protective Investigation, DOP: 500.0065</li> <li>• Implementing the Indian Child Welfare Act, DOP: 700.0170</li> <li>• State of Rhode Island Regulations for Child Placing Agencies (Child Placing Regulations)</li> <li>• Residential Child Care Regulations for Licensure</li> <li>• Child Day Care Center School Age Child Day Care Program</li> <li>• Family Child Care Home Regulations for Licensure</li> <li>• Group Family Child Care Home Regulations for Licensure</li> <li>• Foster Care and Adoption Regulations for Licensure</li> </ul>			
Related Forms: <ul style="list-style-type: none"> <li>• n/a</li> </ul>			

## I. PURPOSE

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.

## **II. TERMS DEFINED**

n/a

## **III. PROCEDURE**

- 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 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.
    - a. The caregiver requirement does not apply to investigations of allegations of sexual abuse of a child by another child that are conducted in accordance with RIGL 40-11-3.
  4. As specified below in Paragraph B, for allegations related to sexual abuse, between individuals under the age of eighteen or when one individual is under age 18 and one is between 18 and 21 and in the care of the Department.
  5. 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.
  6. 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.
  7. 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.

- B. Within the parameters of paragraph A, above, definitions of child abuse and neglect allegations (refer also to [DOP: 500.0010, Criteria for a Child Protective Services Investigation](#) and [DOP: 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.
    - c. To indicate this allegation a medical professional (preferably a neurosurgeon or radiologist) or a law enforcement officer is the source of the diagnosis or verification.
  3. Subdural Hematoma
    - a. Subdural: Beneath the dura matter (the outer membrane covering the spinal cord and brain).
    - b. Hematoma: A swelling or mass of blood (usually clotted) confined to an organ, tissue or space and caused by a break in a blood vessel.
    - c. A subdural hematoma is located beneath the membrane covering the brain and usually the result of head injuries or from shaking an infant or small child. It may result in loss of consciousness, seizures, mental or physical damage.
    - d. To indicate this allegation a medical professional or a law enforcement officer is the source of the diagnosis or verification.
  4. Internal Injuries
    - a. An injury not visible from the outside, and injury to the organs occupying the thoracic, abdominal or cranial cavities and may be the result of a direct blow.
    - b. A person so injured may be pale, cold, perspiring freely, have an anxious expression and may seem semi-comatose. Pain usually intense at first, may continue or gradually diminish as patient grows worse.
    - c. To indicate this allegation a medical professional or a law enforcement officer is the source of the diagnosis or verification.
  5. Burns/Scalding
    - a. Burns: Tissue injury resulting from excessive exposure to thermal, chemical, electrical or radioactive agents. The effects vary according to the type, duration and intensity of the agent and part of body involved. Burns are usually classified as:
      - i. First degree: Superficial burns, damage being limited to the outer layer of the skin into the inner layers. Blistering is present within two hours.
      - ii. Second degree: The damage extends through the outer layer of the skin into the inner layers. Blistering is present within two hours.
      - iii. Third degree: Burns in which the skin is destroyed with damage extending into underlying tissues, which may be charred or coagulated.

- b. Scalding: A burn to skin or flesh caused by moist heat and hot vapors, such as steam. A scald is deeper than a burn from dry heat and is treated as a burn.
  - c. To indicate this allegation, a medical professional's diagnosis is not necessary. However, all burns on children are examined by a medical professional.
- 6. Poisoning/Noxious Substances
  - 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. chancroid
    - 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 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
  - c. 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:
    - iii. confession of caregiver;
    - iv. observation by or findings of a child protective investigator, law enforcement or medical professional;
    - v. witness statements;
    - vi. 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 [DOP 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 [DOP 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. Other Institutional Abuse/Neglect may include but is not limited to:
    - i. Voyeurism by a staff, contractor or volunteer means the invasion of the privacy of a child or youth for reasons unrelated to official duties, such as peering at a resident performing bodily functions in a toilet or requiring the resident to expose his/her buttocks, genitals or breasts or taking images of all or part of a resident's naked body or of a resident performing bodily functions.
    - ii. Sexual Harassment by a staff, provider, volunteer or intern is repeated verbal comments or gestures of a sexual nature to a resident; such verbal comments may include demeaning references to gender, sexually suggestive or derogatory comments about body or clothing or obscene language or gestures.
    - iii. Sharing or making available pornographic or obscene materials in any format, including but not limited to electronic, visual, or hard copy, with a resident. Any depiction of sexual activity or sexual behavior or genitalia, breast or buttocks not specifically related to the official duty of staff is strictly prohibited.
    - iv. Retaliation is an adverse action taken against a resident or staff due to a report of abuse or neglect or a violation of policy or law; retaliation may be overt or covert act or may be an act of commission or omission.
    - v. Refer also to [DOP: 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 [DOP: 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.](#)

- c. 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.
  
- C. 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.
  
- D. 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.

E. 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."

F. 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 [DOP: 500.0065, Police Involvement in Child Protective Investigation](#) for details.
- G. Forensic Medical Examinations
1. In relation to any investigation conducted pursuant to the Prison Rape Elimination Act:
    - a. The Department makes every effort to ensure that any forensic medical examination complies with the most recent edition of the U.S. Department of Justice, National Protocol for Sexual Assault Medical Examinations, Adults/Adolescents. The Director or designee ensures necessary access with appropriate local medical facilities and ensures that Department staff are regularly updated on available resources.
    - b. As requested by a victim of sexual abuse, a qualified victim advocate, qualified Department staff or qualified community agency staff accompany and support the victim through the forensic medical examination process/any investigatory interviews and provides emotional support, crisis intervention, information and referrals. A qualified staff is an individual who has been screened for appropriateness to serve in the role and who has received education on sexual assault and forensic examination.
- H. 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 [DOP: 700.0170, Implementing the Indian Child Welfare Act](#) for details.
  7. Legal Counsel documents the results of the consult in RICHIST.
- I. 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 [DOP: 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.
- J. 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.
- K. A report of abuse (including sexual abuse) or neglect made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute false reporting even if the allegation is not substantiated by the Child Protective Services investigation. Refer to [DOP: 500.0000, Reporting Child Abuse and/or Neglect](#).