

TITLE: **Child Abuse/Neglect, Suspected**

EFFECTIVE DATE: **2/1/1989**

DISTRIBUTION: **All Staff**

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FORMULATED BY: **Case Management/Social Services**

APPROVED BY: **Legal counsel-SPB+G, Administration, ED Medical Director**

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POLICY NO: **AD-160-F**

**REGULATORY
STANDARD:** **NH RSA 169-C**
Child Protection
Act
33 VSA Ch. 49
Child Welfare
Services

I. PURPOSE

To outline procedures and persons responsible for the reporting of a suspected or probable child abuse or neglect case to the appropriate authorities in compliance with the law and to fulfill Littleton Regional Hospital's obligation as a community service organization.

II. POLICY

New Hampshire RSA 169-C, the Child Protection Act, mandates that any person who has a reason to suspect that a child under the age of 18 has been abused or neglected must immediately make a report to the New Hampshire Department of Health and Human Services Division for Children, Youth and Families (NH DCYF). Vermont's Child Welfare Services Act, 33 VT Stat. Ann. Ch. 49, requires that any practitioner licensed in VT make a similar report to the Vermont Family Services Division of the Department for Children and Families; other personnel are permitted, but not required, to make such a report to VT authorities.

In accordance with NH's Child Protection Act, and VT's Child Welfare Services Act and the guidelines set forth in this policy, LRH personnel shall make a report to the appropriate authorities when physical abuse, emotional abuse, sexual abuse or neglect is suspected with respect to a person under 18 years of age.

1. Any report of child abuse must be made in good faith. Both New Hampshire and Vermont laws provide immunity from liability (protection) in civil or criminal law suits for anyone making a *good faith* report. (NH RSA 169-C:31 and 33 VSA § 4913(c))
2. Written documentation of the report must be placed in the child's medical record indicating that a report was made, the procedures completed, and the disposition of the child. A copy of the appropriate portion of the medical record may be provided as

the written report for a suspected case of child abuse, as long as all required information is included as available.

3. The usual physician-patient privilege (and other professional communication privileges) is waived for purposes of making a report or participating in any resulting investigation or judicial proceedings.
4. Failure to make a child abuse or neglect report that is required by law can result in criminal penalties in NH of up to one year imprisonment and/or a fine of up to \$2000, and criminal penalties in VT of up to six months imprisonment and/or a fine of up to \$1000.
5. Disposition of the child at discharge is determined by NH DCYF or the VT Office of Family Services, as applicable, and/or the police.

III. PERSONNEL

LRH policy requires that all LRH personnel and credentialed providers make reports of suspected neglect or abuse to the appropriate authorities.

IV. DEFINITIONS

- A. **Physical Abuse** is physical harm to a child caused intentionally or from excessive or inappropriate discipline methods. Common signs of possible physical abuse are bruises, welts, human bite marks, bald spots, cigarette burns, immersion burns, fractures, lacerations and abrasions.
- B. **Emotional Abuse** is psychological injury to a child caused by consistent mistreatment or neglect, such as excessive belittling, berating, name-calling, or similar acts. It might include failure by the parents to obtain needed psychological treatment for a child.
- C. **Sexual Abuse** is improper sexual contact with, or any form of sexual exploitation of, a child or youth, including but not limited to incest, the making of pornography, rape, molestation, and prostitution.
- D. **Neglect** is the failure to provide a child with basic needs of food, clothing, shelter, hygiene, medical attention, supervision, or education as required by law, and not due primarily to a lack of financial resources. It may also involve: abandonment; alcohol and drug abuse by a parent, guardian or caregiver; or, the inability to provide such basic needs due to incarceration, hospitalization, or physical or mental incapacity of a parent, guardian or custodian. (Under NH law, it is not neglect solely for a child, in good faith, to be under treatment only by spiritual means through prayer, in accordance with the tenets and practices of a recognized church or religious denomination, by a duly accredited practitioner such as a Christian Science practitioner. Under VT law, it is not neglect solely for a parent or other person responsible for a child's care, who is legitimately practicing his or her religious beliefs to not provide specified medical treatment for the

child. In the event a potential neglect situation involving religious beliefs arises, contact Quality Services, who will seek legal advice about the exceptions.)

V. PROCEDURE

A. During Normal Working Hours

(Monday through Friday 0800-1630)

1. Determine if the child is in immediate danger if he or she goes home with the parent or caregiver.
 - a. If the child is **not** in immediate danger, discharge him or her to the care of the parent(s) or caregiver. The case will be investigated by the appropriate authorities.
 - b. If the child **is in immediate danger**, and the parent or caregiver does not agree to have the child admitted to the hospital, NH law permits the police to take the child into protective custody without the consent of the parent(s) if “the child is in such circumstances or surroundings as would present imminent danger to the child’s health or life unless action is taken.” (NH RSA 169-C:6) Imminent danger means “circumstances or surroundings causing immediate peril or risk to a child’s health or life”. (NH RSA 169-C:3) VT law permits the police to do the same when the police have reasonable grounds to believe that the child is in immediate danger from his or her surroundings, and that removal is necessary for the child’s protection. (33 VSA § 5510(3))
2. If a child is a **resident of New Hampshire**, call the NH DCYF at the following phone numbers and make an oral report: **603-271-6556 or 800-894-5533**.
3. If the child is a **resident of Vermont**, contact the appropriate Vermont Family Services Office and make a report at: **1-802-748-8374**.
(This phone number is for the St. Johnsbury District Office – covering the towns of Barnet, Burke, Concord, Danville, East Haven, Granby, Groton, Guildhall, Kirby, Lunenburg, Lyndon, Newark, Newbury, Peacham, Ryegate, St. Johnsbury, Sheffield, Sutton, Topsham, Victory, Walden, Waterford, and Wheelock. If the child is not from a town covered by this office, request that the St. Johnsbury office connect you with the appropriate office.)
4. If the child is a **resident of another state**, call NH DCYF for assistance: 603-271-6556 or 800-894-5533.
5. Some things which should be included in your report when available:
 - a. The location of the child – at the hospital, discharged to home, etc.
 - b. The name, address, sex, and estimated age of the child and any other children at the home

- c. The names, addresses, and telephone numbers of the adults who are responsible for the child
 - d. The full nature and extent of the child's injuries, maltreatment or neglect
 - e. Any information about previous injuries, abuse, maltreatment or neglect of the child or his/her siblings
 - f. The identity of the person(s) suspected of being responsible for the abuse or neglect
 - g. How great and how immediate a risk you believe this situation may be to the child
 - h. How you learned of this situation
 - i. Any action that has been taken to treat or assist the child
 - j. Any other information that could be helpful in determining the cause of the injuries or in establishing abuse or neglect
6. Contact the LRH Case Management/Social Services Department (x267) for assistance in coordinating subsequent events if needed.
7. Photographic or radiological documentation of the suspected abuse or neglect is encouraged when appropriate and should be included in the child's medical record. Copies of any such photographs or x-rays taken should be forwarded to NH DCYF. (Consent to photograph or x-ray is not required from the child's parent or guardian if done for purposes of documenting suspected abuse or neglect.)
8. A written report, if requested by NH DCYF or VT Office of Family Services, should follow the oral report within 48 hours. A written report consists of a letter or that portion of the child's medical record containing the information given in the oral report.
9. Forward the written report to the office that received the oral report. For New Hampshire residents, fax this report to the central intake for NH DCYF in Concord at fax number **271-6565**. A copy of the written report is to be sent to LRH Case Management/Social Services Department. Attach the written report to the child's medical record.
10. All appropriate steps shall be taken to comply with the law and to protect the child, however, the rights of the patient and family will also be respected and confidentiality will be maintained. See also LRH Confidentiality Policy (#1003).

B. Evenings, Weekends, And Holidays

1. If a child is a **resident of New Hampshire**, report the suspected abuse and/or neglect to the Police Department of the community in which the suspected abuse and/or neglect took place. In addition, report the suspected abuse and/or neglect to

NH Easter Seals (at **1-800-685-8772**), which is the designated organization for assisting with after-hours reports.

If a child is a **resident of Vermont**, call the Emergency Services Program at **1-800-649-5285**.

2. Determine if the child is in immediate danger if he or she goes home with the parent or caregiver.
 - a. If the child is **not** in immediate danger, discharge him or her to the care of the parent(s) or caregiver. The case will be investigated by the appropriate authorities.
 - b. If the child **is in immediate danger**, and the parent or caregiver does not agree to have the child admitted to the hospital, NH law permits the police to take the child into protective custody without the consent of the parent(s) if "the child is in such circumstances or surroundings as would present imminent danger to the child's health or life unless action is taken." (NH RSA 169-C:6) Imminent danger means "circumstances or surroundings causing immediate peril or risk to a child's health or life". (NH RSA 169-C:3) VT law permits the police to do the same when the police have reasonable grounds to believe that the child is in immediate danger from his or her surroundings, and that removal is necessary for the child's protection. (33 VSA § 5510(3))
3. See Section V. A. 5 for the information which should be included in the report.
4. Photographic or radiological documentation of the suspected abuse or neglect is encouraged when appropriate and should be included in the child's medical record. Copies of any such photographs or x-rays taken should be forwarded to NH DCYF. (Consent to photograph or x-ray is not required from the child's parent or guardian if done for purposes of documenting suspected abuse or neglect.)
5. A written report, as described in Section V. A. 8, should follow the oral report. Forward the written reports to the office that received the oral report. For New Hampshire residents, fax this report to the central intake for NH DCYF in Concord at fax number **271-6565**. Send a copy to the LRH Case Management/Social Services Department. Attach a copy of the written report to the child's medical record.

VI. REFERENCES

NH RSA 169-C
33 VT Stat. Ann. Ch. 49
LRH Confidentiality Policy (#1003)