EVIDENT CHANGE

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COMMUNITY RESPONSE GUIDE

ACKNOWLEDGMENTS

This New Hampshire community response guide (CRG) represents the contributions of many individuals whose efforts to develop, review, and refine concern categories and their definitions are greatly appreciated.

Representatives from the following community service providers, government agencies, and community at large contributed to tool development through their participation in workgroup meetings, CRG development and planning sessions, or through volunteering to participate in the testing stages of the tool development.

AGENCY

This section presented currently for context. It is not part of testing but will appear in the final tool.

NEW HAMPSHIRE

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ABOUT EVIDENT CHANGE

Evident Change promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit us online at EvidentChange.org and @Evident_Change on Twitter.

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PURPOSE

The CRG is a tool to help people who are worried about a child or family and must decide whether they should connect the family with community services or report their concerns to the Division for Children, Youth and Families (DCYF) Central Intake Unit.

The reporting decision is not easy. New Hampshire has developed a tool in order to do the following.

- Provide resource options to individuals to help children and families who would be better supported outside of DCYF (because their concern does not need DCYF or law enforcement intervention).
- Help people who need to make a report but may not know how or when to make a report to DCYF.
- Help ensure that concerns about children and families that require a child protection response are promptly reported.

This guide is meant to support your decision-making process. Children and families can benefit from a wide range of supports based on their situation. This tool will suggest a response and/or resources that best fit the child or family's need, based on the information you provide. If, after completing this tool, you are concerned that the response or resources recommended will not meet the child or family's needs, contact the DCYF central intake office (*contact information to be added*).

Finally, the CRG is a dynamic tool. Continuing feedback and evaluation will be used to refine this guide over time. *Contact information to be added.*

REPORTING RESPONSIBILITIES

TITLE XII PUBLIC SAFETY AND WELFARE RSA 169-C: 29-39 requires the reporting of child abuse and neglect in New Hampshire. These sections of the legal code explain who is required to report, what happens when a report is made, and what constitute "good faith" efforts when making a report.

http://www.gencourt.state.nh.us/rsa/html/xii/169-c/169-c-mrg.htm

WHO IS A MANDATED REPORTER?

New Hampshire law requires any person who suspects that a child under age 18 has been abused or neglected must report that suspicion immediately to DCYF. All residents of New Hampshire are considered mandated reporters.

WHO IS A PROFESSIONAL REPORTER?

A professional reporter is someone who works directly with youth (e.g., educators, coaches, mentors, daycare/after care staff, health care providers, law enforcement, clergy) and is making a report about something that occurred at work.

WHAT ARE THE LEGAL RESPONSIBILITIES OF A MANDATED REPORTER?

WHAT MUST BE REPORTED?

Child abuse and neglect, as defined in RSA 169-C:3, includes the following.

- Sexual abuse (169-C:3:II(a), XXVII-b)
- Intentional physical injury by other than accident means (169-C:3:II(b and d))
- Psychological injury where child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect (169-C:II:3(c))

- Human trafficking (169-C:3:II(e))
- Female genital mutilation (169-C:3:II(f))
- Abandonment (169-C:3 XIX (a))
- Neglect (169-C:3 XIX (b)(c))

FAQS

HOW CERTAIN MUST I BE TO REPORT?

If you have reason to suspect abuse or neglect occurred, you should make a report. You do not need proof that abuse or neglect occurred to make a report; however, you must have a suspicion based on what you have seen, heard, or been told about.

WHAT HAPPENS IF I DON'T REPORT SUSPECTED ABUSE OR NEGLECT?

In New Hampshire, failure to report suspected child abuse and neglect is a misdemeanor under RSA 169C:39, resulting in a fine of up to $2,000 and/or a year in jail. Making a report in good faith is not punishable by law, nor can an individual be sued or reprimanded at their place of employment or service.

One way to meet the legal requirement for mandated reporting is by completing the CRG tool in good faith and following its recommendation to report, not report, or consult with the community response navigator.

Nothing in this manual restricts you from contacting DCYF. In other words, you can still make a report if you feel one is warranted even if the tool indicates that no report is needed.

If you do report and you used this guide, you may tell DCYF or the community response navigator about your path through the decision trees and the facts that supported your selections, as well as any unique circumstances that led you to determine a report was necessary.

WHAT MUST A MANDATED REPORTER DO?

A mandated reporter who suspects child abuse or neglect must notify DCYF Central Intake.

CHILD PROTECTION AGENCY	PHONE
DCYF Central Intake	*To be added*
	To be added

DCYF Central Intake does not provide emergency response. For emergency response, please call 9-1-1 for your local law enforcement agency.

HOW QUICKLY SHOULD A REPORT BE MADE?

Immediately, or as soon as you can, make a report by telephone to DCYF Central Intake (*to be added*). DCYF Central Intake is available to receive reports 24 hours a day, seven days a week (including weekends and holidays). The sooner a report is made, the sooner DCYF can determine the appropriate response.

CAN A REPORT BE MADE ANONYMOUSLY?

Yes. To make a report anonymously, first dial (*to be added*).

DCYF categorizes reports into three types: "Full Disclosure Allowed," "Confidential/Disclosure Not Allowed," and "Anonymous." The table below shows the difference between these report types. As a reporter, you can decide how your report will be categorized.

	Full Disclosure Allowed	Confidential/ Disclosure Not Allowed	Anonymous
DCYF will know who you are.	√	√	
Your identity may be disclosed to the family.	√		
Contact information may be shared with law enforcement and/or the court system. If the case goes through the court process, identifying information may be shared during the hearing	√	√	

	Full Disclosure Allowed	Confidential/ Disclosure Not Allowed	Anonymous
and included in documents shared with the family.			
DCYF can contact you back to clarify information if needed.	√	√	
If you are a professional reporter, DCYF will notify you of whether they conducted an assessment and, if so, what the main result was.	√	√	
None of the above			√
How to make this type of report	You must tell DCYF that you are comfortable with a full disclosure report.	You must tell DCYF that you want the report to be confidential.	You MUST call by (*to be added*) and telling DCYF you are making the report anonymously.

It is highly recommended for a professional reporter to report either "Full Disclosure" or "Confidential" so that you can continue to be an advocate for the child and so that there is an official record that you fulfilled your mandating reporter responsibility. This protects you and your organization from potential liability.

WHAT ADDITIONAL RESPONSIBILITIES ARE THERE FOR PROFESSIONAL REPORTERS?

Professional reporters must also complete any required organizational report documentation that includes all reporting individuals represented in the DCYF report and file this documentation according to their organizational policy.

CAN I TELL MY SUPERVISOR INSTEAD OF REPORTING TO DCYF OR LAW ENFORCEMENT?

No. Informing any person other than DCYF does not relieve a mandated reporter of the responsibility to notify DCYF. You may certainly seek support from another person while making your report to DCYF as long as seeking that support does not delay the report being made. All information is best received firsthand from the person suspecting the abuse or neglect.

IS A REPORT TO DCYF NEEDED IF I HAVE ALREADY CALLED LAW ENFORCEMENT?

Yes. As a mandated reporter, you are responsible for contacting DCYF even if a call to law enforcement has been made.

IF MORE THAN ONE PERSON SUSPECTS CHILD ABUSE OR NEGLECT, MUST EACH PERSON REPORT?

Yes, *unless* all persons have agreed on who will report. With mutual agreement, a single telephone report may be made; but every mandated reporter remains responsible for reporting in the event that the designated person does not make the report.

DO I REPORT NEW INFORMATION IF A REPORT WAS ALREADY MADE?

Yes, any *new* or *additional* information must be reported as it becomes available. If you (or someone else) have already made a report, you can let DCYF know that a previous report was already made and that you have additional information. If you have a report number available, you can provide that as well.

AM I RESPONSIBLE FOR REPORTING EVEN IF I HAVE NOT BEEN TRAINED?

Yes, the absence of training does not excuse a mandated reporter from the duties of reporting.

SHOULD I NOTIFY THE CAREGIVERS OF A REPORT BEING MADE?

Each family and concern is different. The decision to inform a caregiver of a report being made can be difficult. Some things to consider include the following.

- Being transparent about making a report may be beneficial to the relationship you have with the family.
- If informing a caregiver could lead to further harm, prior to CPS response, do not disclose you have made a report.
- If you are unsure about the decision to disclose your report to the caregiver, discuss this with the intake worker.

WORKING ACROSS DIFFERENCE

It is important to be aware of the ways culture and experience influence parenting and caregiving practices. These concepts can also influence the decision to make a report.

Using a structured decision-making tool like the CRG helps to prevent personal beliefs and bias having an influence on decision making in reporting.

It is critical that reporters maintain a focus on the impact of the behavior or practice on the child and ask, "Does this cause or threaten harm to the child?"

A reporter should not report behaviors or practices that are influenced by culture simply because they are different or unfamiliar to the reporter if there is no reason to believe they are placing the child at risk of harm.

Similarly, behaviors suspected of causing harm or placing the child at risk of harm should not be minimized or dismissed on cultural grounds. Where caregiver behaviors cause concern about risk of harm to the child, reporters must take the necessary reporting actions.

Reporters with information about the possible bearing of cultural, linguistic, or migration factors on the matter are encouraged to share this information as part of their report to Central Intake. Information about culture, tribal affiliation, family constellation, network members, and support systems can be critical to building child safety.

PROCEDURES

WHO WILL USE THE GUIDE?

This CRG is designed to be used by any person concerned about the safety or well-being of a child in New Hampshire. This guide is designed to support both professional reporters and community members who are mandated to report child abuse and neglect.

WHEN TO USE THIS GUIDE

The CRG should be used when concerns you have about a child are causing you to consider reporting the matter to DCYF.

WHAT DECISION DOES THIS GUIDE SUPPORT?

The CRG is designed to process, and DCYF accepts reports of, concerns about abuse and/or neglect of a child by their caregiver; and concerns about a child who may have been trafficked by any person.

The CRG is designed to be used for children living in New Hampshire, children who are currently in New Hampshire, and children who were in New Hampshire when the concern occurred.

Note: This guide may also be used for concerns related to a child who is temporarily residing outside of New Hampshire. If a report is made to DCYF and the child is expected to return to New Hampshire, DCYF will seek assistance from the jurisdiction where the child is currently or will assess once the child has returned to New Hampshire.

Based on the information you provide, the CRG generates one of the following recommendations.

- Report to DCYF not required
- Consult the Community Response Navigator
- Report to DCYF

When no report is required, potential alternative action and resource information will be provided for the reporter.

If a child has been or is currently in danger of being harmed in a way that may be a crime or requires immediate attention, report to law enforcement immediately.

WHAT IS A COMMUNITY RESPONSE NAVIGATOR?

A community response navigator is a person. The community response navigator helps connect the online CRG guide to action steps for users. The community response navigator:

- May be contacted by CRG users who have a concern about a child or family that does not require a report to DCYF but could be helped with community resources;
- Will provide guidance and community resources to callers aimed at helping to support the family; (the community response navigator may also reach out directly to families to offer support when appropriate); and
- Is available to answer questions or weigh concerns as users navigate the CRG.

COMPLETION INSTRUCTIONS

Select the category of concern that most closely matches the concern or concerns that you have. You may make more than one selection. After selecting the applicable concern types, you will be able to order the concerns based on which concern feels most important or which you know the most about. You will be asked several questions about the circumstances causing your concern. Read the accompanying definitions and answer for each.

- To answer questions in this CRG, select answers based on reasonable suspicion. If you do not have enough facts to support an answer do not select it.
- Make selections based on the information you know, regardless of how you came to know it. This may involve a child telling you, you observing or witnessing something, a third party telling you, or knowledge from any other source.
    - » Selecting "Yes" is not making a statement that the item is true. It simply indicates that information available to you at this time is consistent with the definition for "Yes."

  - » Some questions have an option to select "Unknown." Select if you have insufficient information to clearly know whether "Yes" or "No" is most accurate and you are not in a position to learn more information related to the question.
- Unless otherwise specified (i.e., mention of a pattern or multiple incidents), a single incident that meets the definition is sufficient to qualify for selecting an item.
- An item should only be selected if the condition or circumstance described in the definition is current or recent.

DECISION POINTS

Each path through a concern category leads to a decision point as described below. After completing the online CRG, you can print the final decision report or save it for your own records. Specific instructions will vary according to whether your concerns about the child are required to be reported.

1. REPORT TO DCYF

Call: *To be added*

Make a telephone report to DCYF about suspected abuse or neglect immediately or as soon as you can. In some instances, you also will need to arrange medical care or inform law enforcement.

When Making a Report to DCYF

Describe the specific circumstances that supported your "Yes" or "No" responses to the questions you answered in the guide based on your concern.

Reporters with information about the culture, tribal affiliation, network members, and family support systems are encouraged to share this information as part of their report to DCYF. This information can be critical to reinforcing child safety and supporting a balanced and rigorous assessment.

DCYF will assess the information you provide, along with information that may be known to DCYF, to determine whether the concern meets the legislative threshold to assign for investigation. DCYF then may do one of the following.

- *Respond in person (screen in the report)*. Screened-in reports will be investigated by DCYF within 24 to 72 hours of receiving the report for those indicating immediate concerns. The responding worker will assess the safety of the child and the likelihood of future child protective system involvement in order to determine whether the family will be provided with ongoing intervention. Families with screened-in reports must be assessed.
- Not respond in person (screen out the report because it does not meet the threshold for an in-person response). When a report is screened out, DCYF may ask the community resource navigator to contact you or contact the family directly.

Whether or not you decide to report, a child or family may still benefit from the added help of connecting with supports or referrals.

2. CONSULT THE COMMUNITY RESPONSE NAVIGATOR

Call the community response navigator (*contact information to be added*) to discuss your concerns and inquire about resources or referrals you can provide to the family. Follow any applicable requirements for confidentiality.

While you are not prevented from reporting the concern to DCYF, it would most likely be screened out, as the concern does not appear to rise to a level that requires a report. However, the family may be in need of community services and supports so that conditions do not worsen. You may wish to consult with someone who can help you think through your concerns and help you determine how to best support the family. The community response navigator can help you support the family or provide support to the family directly, depending on the need.

To speak anonymously with someone who can help you weigh your concerns or answer questions about the guide, call the community response navigator consult line. Taking some steps to support the family now may prevent worsening of the situation. Please only provide identifying information when prompted to do so.

Resources

While you do not have to provide information about resources or referrals to the family, whenever possible, you are encouraged to connect the family with help.

In some instances, such as when you have no ongoing connection to the family, providing a referral to other services may not be possible. The Community Response Navigator may be able to support the family when you do not have the capacity.

PRACTICE GUIDANCE

When contacting the community response navigator to consult about a family who may benefit from services, provide the following information.

- You completed the CRG for a family you were concerned about, and the result was to consult.
- You are interested in learning about community resources that you can share with the family.
- General description of the household (e.g., the family includes two parents, and it includes two children under 5). Do not provide any identifying information when calling to consult.
- Description of facts supporting your completion of the CRG (e.g., concern about whether the family has enough food, but the children are healthy; the family is not receiving any food resource at this time, but they are willing to get help).
- Any additional information that may be helpful in selecting a resource (e.g., tribal membership, cultural background, language spoken).

3. REPORT NOT REQUIRED

Based on the information you provided, a report is not required. The concern does not rise to the level of requiring a report to a child protection agency.

One way to meet the legal requirement for mandated reporting is by completing the CRG tool in good faith and following its recommendation to report, not report, or consult with the community response navigator.

Nothing in this manual restricts you from contacting DCYF. In other words, you can still make a report if you feel one is warranted even if the tool indicates that no report is needed.

If you do report and you used this guide, you may tell DCYF or the community response navigator about your path through the decision trees and the facts that supported your selections, as well as any unique circumstances that led you to determine a report was necessary.

Documenting Efforts

Professional reporters

- Follow your agency's policy to document your concerns.
- You may print a PDF of your use of the CRG as part of your record of action taken related to concerns.
- It is recommended that you add identifying information after printing. (Note: The CRG does not collect any identifying information.)

Community reporters

There is no requirement to document the steps you took. You may print a PDF of your use of the CRG if you wish.

Continue Relationship

Whether or not you decide to report, a child or family may benefit from additional help connecting with needed supports or referrals. If you have an ongoing relationship with the family, consider doing one or more of the following.

- Continue to create a safe relationship for the child or caregiver.
- Offer information about available resources and supports.
- Continue to be alert for changes.

PRACTICE GUIDANCE

While concerns may not require a mandated report to a child protection agency, community services may be able to provide critical support to the child or family. Depending on your knowledge of and relationships with family members, you may consider offering support to connect the family to resources within their community.

Service Link
This section presented currently for context. It is not part of testing but will appear in the final tool.

Community Resource List
This section presented currently for context. It is not part of testing but will appear in the final tool.

FOR FURTHER INFORMATION

This section presented currently for context. It is not part of testing but will appear in the final tool.

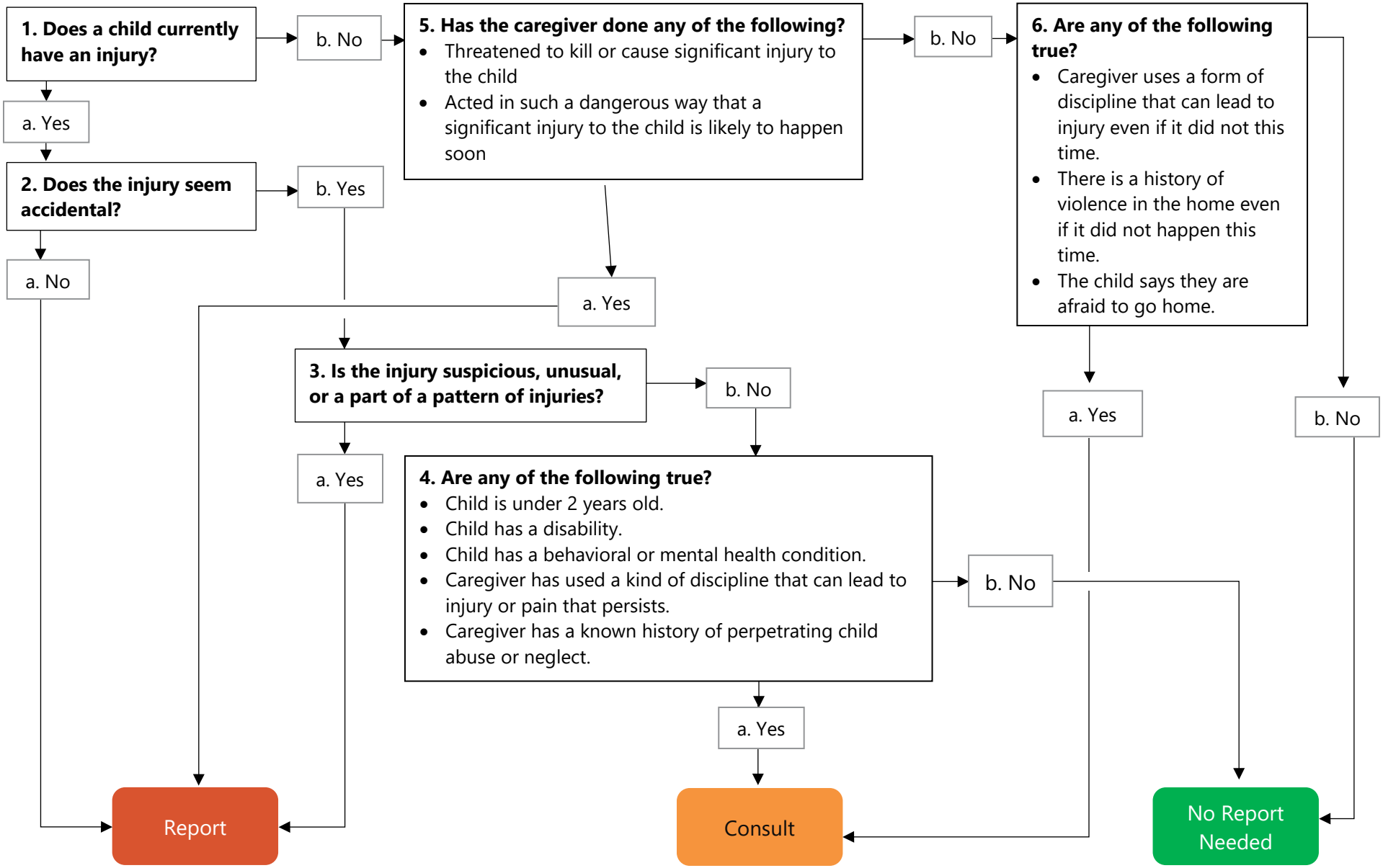
TIPS FOR SELECTING A CONCERN CATEGORY

If the available facts make clear which category to select, you may go directly to that concern type. Generally, if more than one category could fit, select all that apply. When thinking about how to order your concerns, do the following.

- First, start with the category relating to the greatest *impact on the child* or the most serious concern.
- If it is still unclear, start with the category connected to your strongest information. For example, if a child made clear disclosure of sexual abuse and there are suggestions that there may be extreme physical discipline, select sexual abuse.

If more than one category fits and the result of the first concern you complete is to report to DCYF, you do not need to complete additional concern categories. You should inform DCYF of all of your concerns when making a report. If the first concern category you used did not result in a report to DCYF, complete additional selected concern categories. If none of the categories suggest making a report, a report is not indicated. You can still consult with DCYF if you wish.

CONCERN ABOUT PHYSICAL HARM OR THREATS OF PHYSICAL HARM TO A CHILD BY A CAREGIVER



1. Does a child currently have an injury?	
a. Yes	Child has a visible injury, OR child appears injured even if you cannot see an injury. Examples include but are not limited to the following. • Child mentions having an injury that you are unable to see because it is covered by clothing. • Child has a welt, a cut, a burn, a human bite mark, a split lip, a black eye, a mark in the shape of an object or a cigarette, or another contact burn. • Child is acting as if they may have injuries; e.g., limping, holding an arm or leg in an awkward position, losing consciousness, or not bearing weight. Include situations where the child has died.
b. No	Child is uninjured despite a concerning incident. OR You know of a concerning incident but do not know whether child was injured. OR You are just learning of a prior injury that has already healed.
2. Does the injury seem accidental?	
a. No	Based on something said by the child or someone who saw the incident, or based on your own observations, there is reason to believe that a caregiver did something to harm a child. Sometimes, you may not know how the child's injury was caused; but the nature (e.g., size, shape, location on the body) of the injury suggests that it was non-accidental. Examples include but are not limited to the following. • Caregiver hit or shook child hard enough to cause injury even though caregiver later said they did not mean it or were sorry about it. • Caregiver caused lasting injury while physically disciplining a child. • An adolescent and a caregiver got in an argument, the adolescent was aggressive, and the caregiver used physical force in response, which injured the child. • A caregiver's use of confinement or restraint caused injury (e.g., bruising from physical restraints, spinal injury due to confinement in a cage) to a child. • Caregiver or other person in the home purposely (forcefully or otherwise) caused child to ingest life-threatening substances, causing injury.
b. Yes	Child does not disclose that injury was caused by a caregiver intentionally, AND you have no information that a caregiver intentionally caused the injury. **Practice Guidance** Do not select this item when an injury occurred during discipline.

	Examples include but are not limited to the following. • Caregiver injured child while attempting to protect child from greater danger (e.g., bruise on arm from grabbing child to prevent child from running into traffic, grabbing child by arm while bathing or changing diaper to stop child from falling to the floor). • Caregiver inadvertently injured child in the course of routine care or other activity. • Injury is not inherently suspicious, OR the history provided by child or others leads to a reasonable conclusion that the cause was accidental, and no concerning prior injuries are known.
3. Is the injury suspicious, unusual, or a part of a pattern of injuries?	
a. Yes	• The child has an injury or injuries with no explanation. OR • There is a pattern of injuries to the child. OR • The explanation of how the injury occurred is not consistent with the injury the child has. OR • The nature of the injury itself suggests it was caused by abuse or neglect. OR • You are unable to determine that the injury is not suspicious or unusual. Include situations where the child has died and there is reason to be suspicious of the cause of death. Suspicious injuries are those that are highly correlated with abuse. You do not need to be a doctor to reasonably conclude that certain injuries are suspicious, based on the symptoms or injury. Examples of suspicious injuries include but are not limited to those shown in the Examples of Suspicious Injuries table.
b. No	• Injury is not inherently suspicious. OR • There is no pattern or history of injuries. OR • The history provided by child or others leads to a reasonable conclusion that the cause was truly accidental.
4. Are any of the following true? • Child is under 2 years old. • Child has a disability. • Child has a behavioral or mental health condition. • Caregiver has used a kind of discipline that can lead to injury or pain that persists. • Caregiver has a known history of perpetrating child abuse or neglect.	
a. Yes	Child is under 2 years old. Child has not yet turned 2 years old.

	Child has a disability. • Child has diminished intellectual capacity due to developmental or cognitive delay (e.g., autism spectrum disorder, speech impairment). • Child has a physical condition or disability (e.g., impaired mobility). Child has a behavioral or mental health condition. Child has a mental health, emotional, or behavioral condition (e.g., habitually lying, stealing, running away from home, or having diagnosed or observed emotional or mental disorders). Caregiver has used a kind of discipline that can lead to injury. Caregiver has, at least once in the past, used physical discipline resulting in pain or injury to a child. Examples include but are not limited to the following. • Caregiver used any form of physical discipline on a child age 2 or younger. • Caregiver was intoxicated or in an uncontrolled rage when hitting child. • Child escaped injury through own evasive or self-protective actions, the intervention of a third party, or chance. • Caregiver used too much force for the child's age, physical size, or physical vulnerability. For example, caregiver hit the child with such force that the child fell; or caregiver used an object to discipline a toddler, infant, or physically limited child. Do not select if caregiver used physical discipline, but no injuries nor lasting pain occurred (e.g., caregiver spanked child with open hand on the buttocks, leg, or arm; no injuries occurred). Caregiver has a known history of perpetrating child abuse or neglect. It is known that the caregiver abused or neglected a child in the past regardless of whether the incident was reported.
b. No	None of the above are true.
5. Has the caregiver done any of the following? • Threatened to kill or cause significant injury to the child • Acted in such a dangerous way that a significant injury to the child is likely to happen soon	
a. Yes	Threatened to kill or cause significant injury to the child Based on something the child said, something seen or heard by others, or your own observations, caregiver has an intent to kill or cause significant injury to child; and without intervention, child will be significantly harmed. This may be based on any of the following. • Known history of confirmed or reported abuse by caregiver who made the threat. • Child has significant fear of caregiver or reports prior instances of being injured by caregiver.

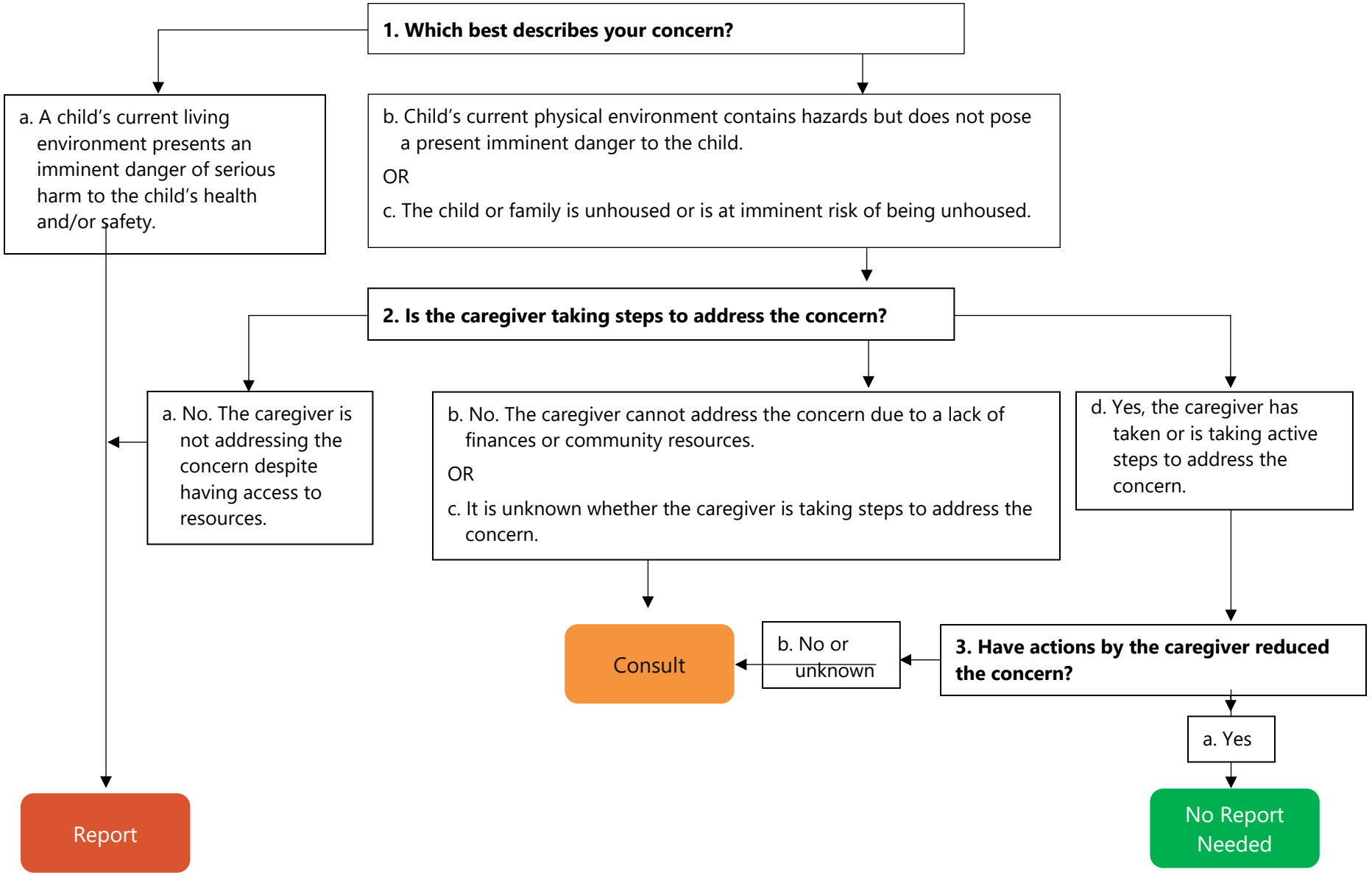
	• Caregiver mentioned plans to hurt child in order to "teach child a lesson." <u>Acted in such a dangerous way that a significant injury to the child is likely to happen soon</u> While caregiver may not have intended to harm child, they acted in a unsafe way that showed reckless disregard for child's safety. The only reason the child was not significantly injured was because of child's protective or evasive behavior, intervention by a third party, or chance. Examples include but are not limited to the following. • Caregiver driving under the influence of alcohol or drugs. • Caregiver driving recklessly with an unrestrained child in the car. • Caregiver administering drugs carelessly to a child, whether prescribed or not. • Domestic violence involving at least one caregiver where the child attempted to intervene, was being held by a caregiver during a violent episode between adults, or was close enough to be accidentally injured. • Caregiver using or brandishing a weapon (e.g., firearm, knife, hammer) toward the child or another person in the presence of the child. • Child being taken along when person is involved in violent crime. • Caregiver routinely co-sleeping with child age 1 or younger while intoxicated or high. • Caregiver disregarding safety when handling firearms around child.
b. No	None of the above are true.
6. Are any of the following true? • Caregiver uses a form of discipline that can lead to injury even if it did not this time. • There is a history of violence in the home even if it did not happen this time. • The child says they are afraid to go home.	
a. Yes	<u>Caregiver uses a kind of discipline that can lead to injury even if it did not this time</u>. Caregiver has, at least once in the past, used physical discipline resulting in pain or injury to a child. Examples include but are not limited to the following. • Caregiver used any form of physical discipline on child age 2 or younger. • Caregiver was intoxicated or in an uncontrolled rage when hitting child. • Child escaped injury through own evasive or self-protective actions, the intervention of a third party, or chance. • Caregiver used too much force for child's age, physical size, or physical vulnerability. For example, caregiver hit the child with such force it caused the child to fall; or caregiver used an object to discipline a toddler, infant, or physically limited child. Do not select if caregiver used physical discipline, but no injuries nor lasting pain occurred (e.g., spanked child with open hand on the buttocks, leg, arm; no injuries occurred).

	There is a history of violence in the home even if it did not happen this time. Reporter knows that a current caregiver uses physical force or violence toward other adults. The child says they are afraid to go home. Child is stating that they are afraid to go home or is refusing to go home. This may be fear of being harmed again or fear of retaliation for disclosing abuse. It is not necessary that child specifically state a fear or refuse to go home if child appears extremely anxious (e.g., tearful, shaking, upset stomach).
b. No	None of the above are true.

EXAMPLES OF SUSPICIOUS INJURIES		
AREA	**DETERMINATION BY DOCTORS**	**DETERMINATION BY OTHERS**
Head	• Torn frenulum in infant • Bruising to earlobe on both surfaces and underlying scalp • Constellation of injuries consistent with sudden impact • Scalp hematoma Practice Guidance • Actual damage is rarely caused by amount of force reported (e.g., child has sheared cranial blood vessels and report is "I just jiggled baby"; child has a skull fracture crossing suture lines, and report is that child fell off of couch) • Report is of single impact, but actual damage suggests multiple impacts.	• Facial bruising to soft tissue of cheek • Blackened eye • Cuts to face • Bruising to scalp • Bruise to earlobe
Neck	Bruising to neck	
Torso	• Multiple rib fractures (especially posterior) • Fractures to spine • Internal injuries to non-ambulatory child with no history of trauma	• Bruising or lacerations to multiple parts of body without history of an event likely to result in multiple injuries • Unexplained injuries to a non-ambulatory child
Arms/ legs	• Spiral or oblique fracture in non-ambulatory child • Corner fractures • Bucket handle tears • Multiple fractures of different ages • Broken bones in non-ambulatory child with no history of trauma • Spiral fracture with no history of torquing motion	

EXAMPLES OF SUSPICIOUS INJURIES		
AREA	**DETERMINATION BY DOCTORS**	**DETERMINATION BY OTHERS**
Skin	• Human bite marks • Loop marks • Multiple linear marks • Marks in the shape of an object • Cigarette or other contact burns in the shape of an object • Marks that cover circumference (or nearly so) of a limb or neck • Multiple bruising of different colors (fresh and fading to yellow) that is not on knees, shins, elbows, or other common areas for accidental bruising **Practice Guidance** Sometimes, an accidental injury is reported, but the injury itself does not align with the description of an accident. Examples include but are not limited to the following. • Report of accidental burn from spilling liquid with no splash marks • Report of accidental burn from tap water, and burn is deeper than expected given water temperature and time of exposure	
All	• Report is of fall, but visible injuries are to non-prominent soft tissue (e.g., report is that child fell forward; but rather than injury to nose, chin, or forehead, injury is to cheek). • Report is of single impact (e.g., a fall), but injuries are on two or more surfaces that could not have been injured in single contact (e.g., marks on both left and right jaw). *Note*: A direct impact on nose could cause blackening of both eyes.	

CONCERN ABOUT HOUSING OR THE PHYSICAL LIVING ENVIRONMENT OF A CHILD

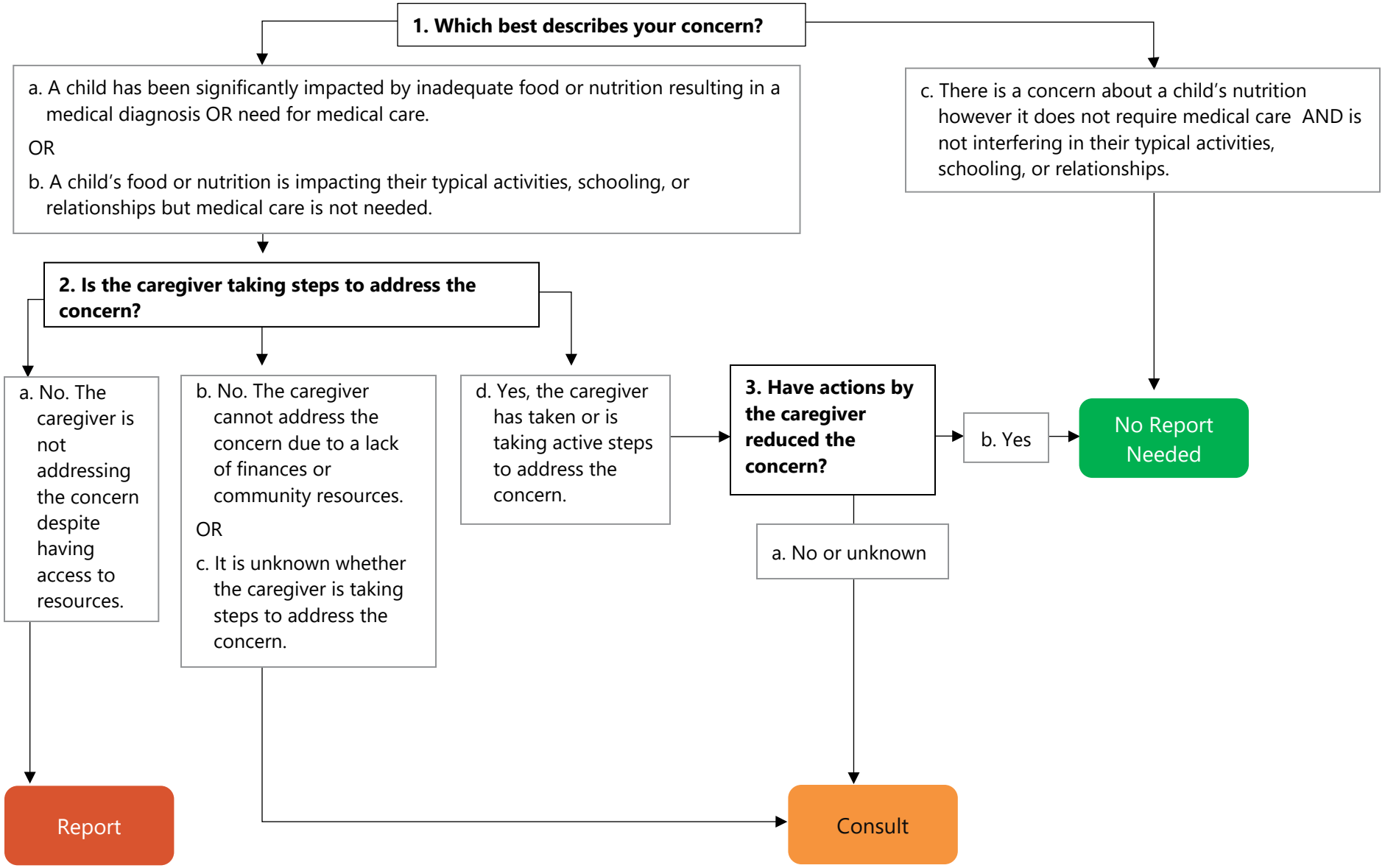


1. Which best describes your concern?	
a. A child's current living environment presents an imminent danger of serious harm to the child's health and/ or safety.	The child's physical health and/or safety has been compromised by the child's living environment. **Practice Guidance** Families may stay in parks, beaches, shelters, hotels, or other atypical environments. Choose 1a only if these residences pose an imminent danger of serious harm (see examples below). Consider child's age, development, medical needs, etc. Examples include but are not limited to the following. • Family has no residence (homeless) and is residing on the streets, beach, parks, etc.; AND child is consistently ill or has a medical condition that cannot be properly managed. • Child is exposed to current harsh weather that has affected child's physical health. • Caregiver is unable to provide child with safe housing, AND there are no alternative safe arrangements for child. • There is a meth lab in the family's basement. • Caregiver left firearms, illegal drugs, or other dangerous items easily accessible to the child.
b. Child's current physical environment contains hazards but does not pose a present imminent danger to the child.	The child's living environment is very unclean (e.g., rotting food, sticky floors, unpleasant odors, overly cluttered with blocked exits) but does not pose an imminent danger to the child. Examples include but are not limited to the following. • The home is unclean; and as a result, there is an insect or rodent problem. • A caregiver appears to be hoarding items, causing chaos or difficulty in freely navigating the home.
c. The child or family is unhoused or is at imminent risk of being unhoused.	The child or family is without or is at risk of being without stable housing. Examples include but are not limited to the following. • A caregiver was laid off from their job, is unable to pay rent, and is facing eviction. • A family is living in a car and is on waiting lists for public housing and Section 8.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources. • The caregiver has taken no steps to provide a safe living environment for the child. OR • The caregiver is aware AND deliberately lets the child's need go unmet. Examples include but are not limited to the following. • A caregiver is aware that there is a rodent or insect infestation due to a lack of cleanliness in the home and does not take steps to resolve it.

	• A caregiver is living with a child on the street and declines resources. • A caregiver is unresponsive or dismissive of hoarding clutter that prevents movement around the home.
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	The caregiver is aware of the concern AND shows efforts or desire to meet the child's need but lacks finances or resources to do so. Examples include but are not limited to the following. • A caregiver does not have the financial resources to obtain housing. • A caregiver is unable to obtain housing due to criminal history. • A caregiver requires a professional plumber or electrician to address the concern and is unable to hire one due to a lack of financial resources.
c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	The caregiver has taken or is taking active steps to address the concern. Examples include but are not limited to the following. • A caregiver is on waiting lists to obtain housing or shelter and remains unhoused as a result. • A caregiver has cleaned their apartment to address an ongoing rodent or insect infestation and/or contacted their landlord to address the infestation. • A caregiver has sought support from friends or family to respond to the concern.
3. Have actions by the caregiver reduced the concern?	
a. Yes	Actions by the caregiver have reduced the concern. Examples include but are not limited to the following. • A rodent or insect infestation has been resolved due to the caregiver cleaning the home. • A caregiver has purchased a lockbox for their weapons to restrict the child's access. • A caregiver sought temporary housing and the child is currently in a safe place while the caregiver continues to search for permanent housing
b. No or unknown	• Despite the caregiver making efforts to meet the child's need, the concern still exists. OR • It is not clear whether the steps the caregiver is taking are successfully addressing the concern. Examples include but are not limited to the following. • A landlord refuses to hire an exterminator to address an insect or rodent infestation.

	• A caregiver is unable to obtain public housing due to long waitlists or a lack of shelter beds.

CONCERN ABOUT A CHILD'S FOOD OR NUTRITIONAL NEEDS

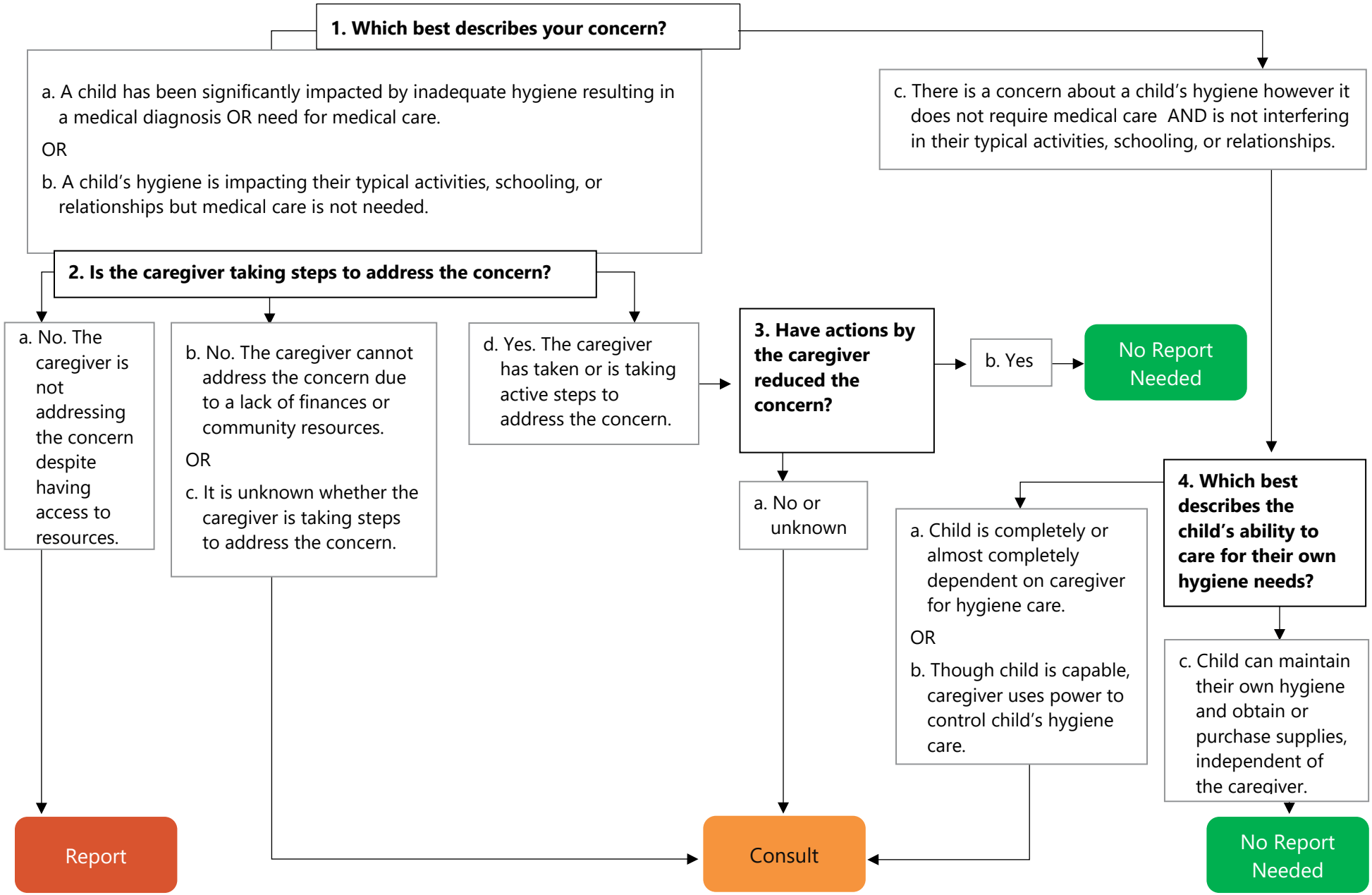


1. Which best describes your concern?	
a. A child has been significantly impacted by inadequate food or nutrition resulting in a medical diagnosis OR need for medical care.	The child has been diagnosed with a condition caused by lack of food or inappropriate nutrition. OR The child appears physically unwell, AND medication or medical consultation is necessary to improve or evaluate child's condition. **Practice Guidance** Take into consideration if a child has an eating or thyroid disorder that may impact their well-being but is not related to actions or inactions by the caregiver. If there are concerns that a child may not be receiving medical care necessary for their condition, direct your concerns to the Concern About a Child's Need for Medical, Vision, or Dental Care tree . Examples include but are not limited to the following. • Child has been diagnosed with a condition caused or exacerbated by inadequate or poor diet (e.g., rickets, scurvy, anemia, hyponatremia) • Child with Type 1 diabetes has repeated episodes of ketoacidosis or prolonged escalation of blood sugar due to improper meal planning. • Child is failing to keep pace with expected growth, AND there is no known organic cause. Based on standard growth charts, child has a weight that has fallen below the fifth percentile for age on more than one occasion; or has weight deceleration that crosses two major percentile lines. This includes diagnosed non-organic failure to thrive or any other growth failure that is not explained by known disease. • Child is intentionally provided with an inappropriate amount of food (i.e., overfed or underfed) or spoiled or altered food, which results in temporary illness or discomfort. • Child appears thin, frail, or listless. Child appears to be unusually thin or less energetic than is typical or shows other symptoms of malnutrition (e.g., muscle wasting, thinning hair, bloating abdomen, bleeding gums), and you are not aware of any known medical condition that could be causing this. • Child has special food need (e.g., diabetes, celiac) and, on more than one occasion, has not been provided with the appropriate diet.
b. A child's food or nutrition is impacting their typical activities, schooling, or relationships but medical care is not needed.	The child is experiencing some impact such as discomfort or hunger, but no medical attention is required. Examples include but are not limited to the following. • Child is exhibiting concerning food behaviors such as hoarding or stealing food. • Child frequently reports hunger that results in difficulty concentrating, pain, or lethargy. For nonverbal children, hunger can be expressed through crying. Be aware that severe dehydration and malnutrition can inhibit crying.

	• Caregiver describes inadequate or inappropriate feeding regimen (including food choices that are potentially harmful based on child's age), or this is observed by another person. • Child has access to food only at school.
c. There is a concern about a child's nutrition however it does not require medical care AND is not interfering in their typical activities, schooling, or relationships.	To the best of your knowledge, child has experienced no harm, though child may experience temporary hunger. Examples include but are not limited to the following. • Child discloses they did not eat dinner last night. • Child states the family has no good food in the house. • Child is provided food but chooses not to eat it. • Child states that they are hungry without lasting effects.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	The caregiver is either unwilling to address it or is unable to for reasons other than lack of resources. • The caregiver has taken no steps to provide appropriate food for the child. OR • The caregiver is aware AND deliberately lets the child's need go unmet. Examples include but are not limited to the following. • Caregiver wanted to shame or punish the child or "teach a lesson." • Caregiver routinely withholds full meals or limits meals to nutritionally inadequate amounts or types of food, such as only bread and water; or limits fluid intake. "Routinely" means this form of discipline has been used more than just once or twice or is a standard form of discipline. • The food or fluids the caregiver provides for child are not enough to maintain health or growth, AND numerous efforts have been made by others (e.g., community, faith-based or cultural support providers, extended family, friends) to help the family obtain necessary food or fluids; but the problem persists. • Caregiver provides food that most people would know to be insufficient, too much, spoiled, or otherwise inappropriate for the age and development of the child. • Caregiver forces child to ingest food or liquid to the point of harm. • Caregiver refuses to provide appropriate food to meet special medical needs, including allergies. • There are other concerns affecting the caregiver's ability to provide appropriate food and nutrition (e.g., substance use, mental health).
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	The caregiver is aware of the concern AND shows efforts or desire to meet the child's need but lacks finances or resources to do so.

	• Caregiver is providing food for child; however, the amount or type of food provided is consistently below minimum needs for child due to food scarcity. • Caregiver is not aware of or cannot access the necessary food/nutrition resources to keep child safe. • Caregiver cannot access transportation needed to obtain necessary food/nutrition resources.
c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	The caregiver has taken or is taking active steps to address the concern. Examples include but are not limited to the following. • Caregiver is seeking or sought medical attention when needed. • Caregiver is already engaging with community resources that address the concern (e.g., community, faith-based or cultural support providers, extended family, friends). • You know that the caregiver cannot afford food, AND you know that the caregiver has historically accepted help to access food. • Caregiver has sought out or participated in learning about safe nutrition.
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	• Despite the caregiver's efforts, the concern about food or nutrition exists and is affecting the child's health or well-being. OR • It is not clear whether the steps the caregiver is taking are successfully addressing the concern.
b. Yes	The caregiver's action to respond to the concern has reduced the concern. Examples include but are not limited to the following. • Caregiver is seeking or sought medical attention when needed in response to food or nutrition concerns. • Caregiver is already engaging with community resources (e.g., community, faith-based or cultural support providers, extended family, friends) that are addressing the concern for food and nutrition.

CONCERN ABOUT A CHILD'S HYGIENE

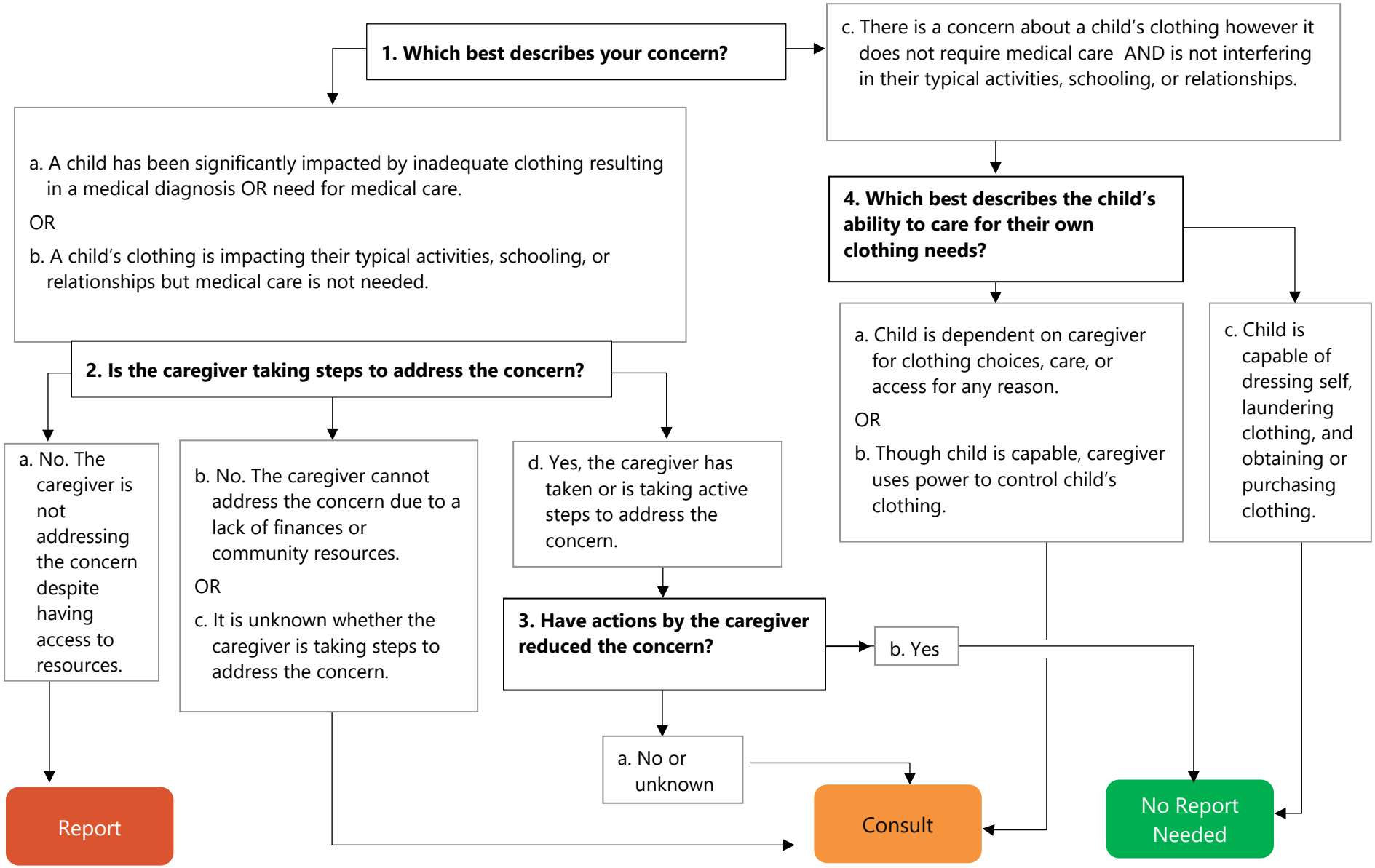


1. Which best describes your concern?	
a. A child has been significantly impacted by inadequate hygiene resulting in a medical diagnosis OR need for medical care.	• A child has been diagnosed with a condition caused by improper hygiene or made worse by improper hygiene. OR • A child appears physically unwell, AND medication or medical consultation is necessary to evaluate or improve child's condition. The child's condition has been caused or made worse by poor hygiene. Examples include but are not limited to the following. • Child has such a severe lice infestation that child requires medical care. • Child who is consistently unwashed has an injury that appears infected. • Child who is consistently unwashed has extremely matted hair, open wounds, or a body lice infestation. • Child has chronic infection such as continuous bacterial or yeast infection or tooth decay, and this is deemed concerning by a medical professional.
b. . A child's hygiene is impacting their typical activities, schooling, or relationships but medical care is not needed.	A child's hygiene is causing some harm to the child such as discomfort or embarrassment. Examples include but are not limited to the following. • Child has head lice condition that is treatable with at-home care. • Child feels embarrassed or unable to complete routine activities due to poor hygiene. • Child reports feeling itchy due to poor hygiene; rash is present. • The child is being bullied because of poor hygiene.
c. There is a concern about a child's hygiene however it does not require medical care AND is not interfering in their typical activities, schooling, or relationships.	The child's hygiene is not interfering with their typical activities, schooling, nor relationship. Examples include but are not limited to the following. • Child has access to hygiene necessities but refuses to use them and has strong body odor or greasy hair. • Child presents with body odor, smell of urine, etc., from not showering regularly. • Child has visible dirt under fingernails.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources. Examples include but are not limited to the following. • Caregiver does not use hygiene resources that are provided by community, faith-based, or cultural support providers; extended family; friends; etc. • Child reports the caregiver withholds or uses access to shower, bathing, etc., as punishment in a way that creates significant impact.

	• There are other concerns (substance use, mental health, etc.) affecting the caregiver's ability to provide safe, appropriate hygiene.
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	The caregiver is aware of the concern AND shows efforts or desire to meet the child's need but lacks finances or resources to do so. Examples include but are not limited to the following. • The caregiver cannot afford hygiene products (e.g., deodorant, soap), and that is the sole concern. • Caregiver cannot access transportation needed to obtain necessary hygiene resources.
c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	The caregiver has taken or is taking active steps to address the concern. Examples include but are not limited to the following. • Caregiver is seeking or sought medical attention to address the child's yeast infection. • Caregiver is already engaging with community resources (e.g., community, faith-based, or cultural support providers; extended family; friends) that address the concern.
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	Despite the caregiver making efforts to meet the child's need, the concern still exists. Examples include but are not limited to the following. • An adolescent continuously refuses to shower and is being bullied at school. • A caregiver takes a child with chronic yeast infections to the doctor only when prompted to do so by the school nurse. OR It is not clear whether the steps the caregiver is taking are reducing the concern.
b. Yes	The caregiver's action to respond to the concern has significantly reduced the concern. Examples include but are not limited to the following. • Caregiver sought medical attention to address the child's yeast infection and plans to administer or has administered the prescribed medication. • Caregiver treated the child's head lice with at-home lice treatment recommended by school nurse.

4. Which best describes the child's ability to care for their own hygiene needs?	
a. Child is completely or almost completely dependent on caregiver for hygiene care.	Some children have an increased need for special care or support for hygiene due to young age; differences in physical or developmental abilities; or a behavioral, emotional, or mental health condition. These conditions may make the child more dependent on their caregiver. Examples include but are not limited to the following. • Child is an infant, a toddler, or primary-school age. • Child cannot bathe self or obtain hygiene products. • Child is not able to make decisions about hygiene care without prompting from a caregiver.
b. Though child is capable, caregiver uses power to control child's hygiene care.	Child is capable of bathing self; but the caregiver uses power to control, humiliate, punish, or degrade by limiting access to hygiene products or a shower, for the purpose of embarrassment.
c. Child can maintain their own hygiene and obtain or purchase supplies, independent of the caregiver.	Child has ability to complete hygiene activities including obtaining necessary supplies without the parent/caregiver's support. Examples include but are not limited to the following. • Child is an adolescent and can access the shower or hygiene products independently. • Child can complete activities of daily living without additional support (e.g., shower, apply deodorant, brush teeth).

CONCERN ABOUT A CHILD'S CLOTHING

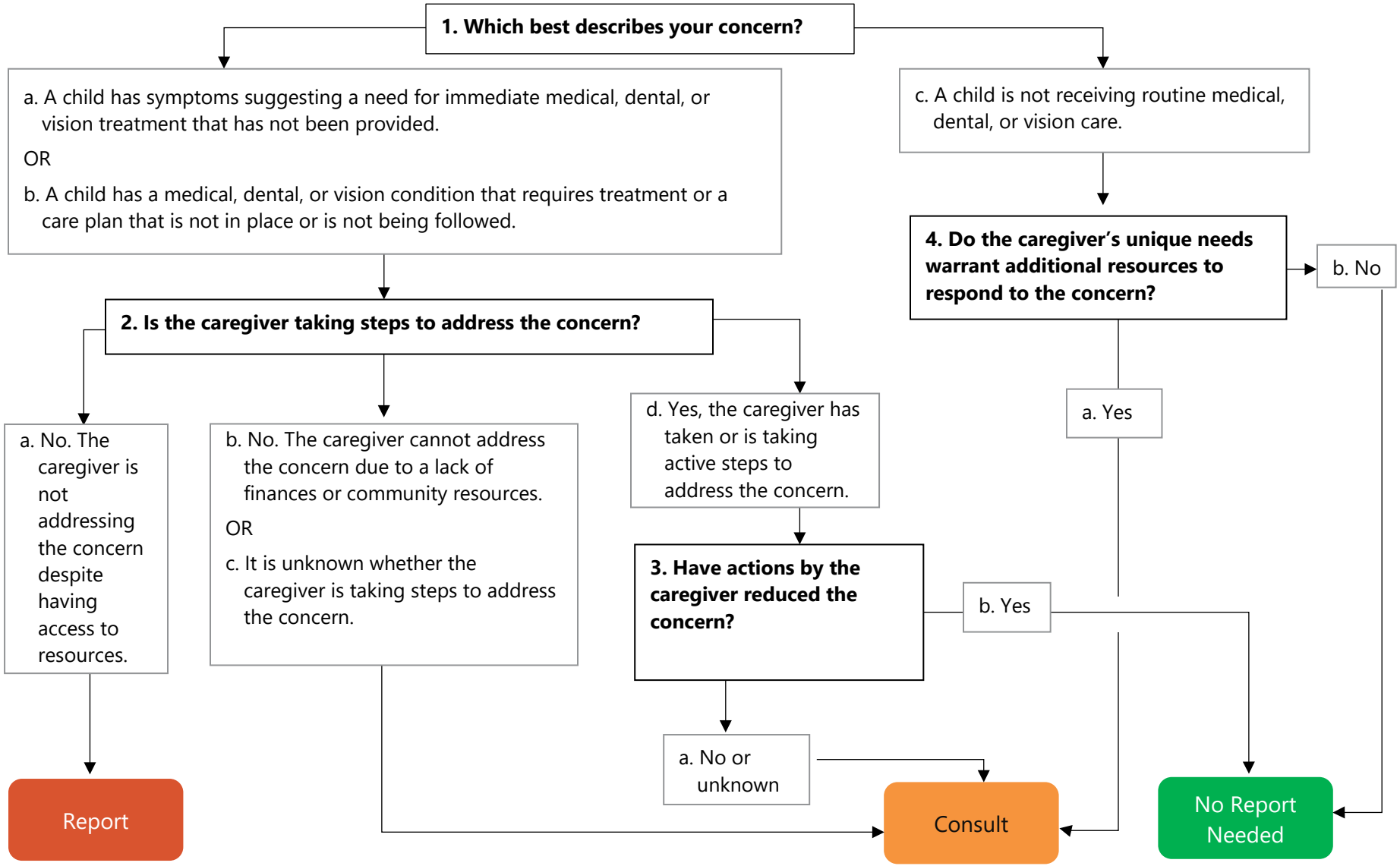


1. Which best describes your concern?	
a. . A child has been significantly impacted by inadequate clothing resulting in a medical diagnosis OR need for medical care.	• The child has been diagnosed with a condition caused or made worse by improper clothing. OR • The child appears physically unwell, AND medication or medical consultation is necessary to evaluate or improve child's condition. The condition was caused or made worse by specific clothing. Examples include but are not limited to the following. • The child, without warm clothing, appears to have frostbite or hypothermia. • The child is wearing shoes that are so small that the child's feet are becoming deformed. • The child has severe sunburn (e.g., has second- or third-degree burns, blisters, swelling) from not wearing appropriate clothing during extended sun exposure.
b. . A child's clothing is impacting their typical activities, schooling, or relationships but medical care is not needed.	The clothing is creating some harm to the child with mild impact such as discomfort or embarrassment. Examples include but are not limited to the following. • The child is experiencing mild contact dermatitis due to unclean clothing. • The child is wearing shoes that are too big, causing blistering and bleeding. • The child is wearing clothes that are so small that the child cannot sit or bend. • The child appears very uncomfortable and unable to do routine activities due to clothing. • The child is experiencing emotional distress because of unclean clothing.
c. There is a concern about a child's clothing however it does not require medical care AND is not interfering in their typical activities, schooling, or relationships.	To the best of your knowledge, child has experienced no harm, though child may experience temporary physical or emotional discomfort. Examples include but are not limited to the following having occurred, without lasting effects. • You saw a child outside in the winter without a coat or shoes. • You saw a child wearing filthy clothing. • The child is provided with appropriate clothing but chooses not to use it. • Child has stated that they are cold or hot.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources. The caregiver is aware of the need for appropriate clothing for the child but deliberately takes no steps to provide it. Examples include but are not limited to the following. • Caregiver wanted to shame or punish the child or "teach a lesson."

	• Caregiver does not use clothing resources that are provided by community, faith-based or cultural support providers, extended family, etc. • In dressing child, caregiver knowingly selected clothing that was too dirty, too hot, too cold, too big, too small, or would result in child being bullied or teased. • There are other concerns affecting the caregiver's ability to provide safe, appropriate clothing (e.g., substance use, mental health concerns). Please return to the main page and select additional categories for the other concerns.
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	The caregiver is aware of the concern AND shows efforts or desire to meet the child's need but lacks finances or resources to do so. Examples include but are not limited to the following. • The caregiver cannot afford clothing or laundering resources, and that is the sole concern. • The caregiver is not aware of or cannot access appropriate clothing resources to keep child unharmed (e.g., obtaining clothing, washing and drying). • You know that the caregiver has accepted help in the past to get these items but cannot find the items now. • The caregiver cannot access transportation to a community clothing resource.
c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	The caregiver has taken or is taking active steps to address the concern. Examples include but are not limited to the following. • Caregiver is seeking or sought medical attention for concern caused by clothing when needed. • Caregiver is already engaging with community resources that address the concern (e.g., community, faith-based or cultural support providers, extended family, friends).
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	• Despite the caregiver making efforts to meet the child's need, the concern still exists. Examples include but are not limited to the following. • An adolescent has a bacterial infection from wearing soiled clothing and refuses to wear clean clothes or have the caregiver launder the clothing. • A caregiver seeks medical care for a child related to a child's skin infection caused by a clothing concern but does not follow through with administering prescribed medication to resolve the infection. OR

	• It is not clear whether the steps the caregiver is taking are reducing the concern.
b. Yes	The caregiver's action to respond to the danger has significantly reduced the concern.
4. Which best describes the child's ability to care for their own clothing needs?	
a. Child is dependent on caregiver for clothing choices, care, or access for any reason.	Some children have an increased need for special care or support for clothing due to young age; physical or mental capacity; or a behavioral, emotional, or mental health condition. Examples include but are not limited to the following. • Child is an infant, is a toddler, or is primary school age. • Child cannot dress self or obtain clothing. • Child is not able to make decisions about appropriate clothing.
b. Though child is capable, caregiver uses power to control child's clothing.	The child is capable of clothing themselves; but the caregiver uses power to control to humiliate, punish, or degrade by forcing them to wear soiled or other specific clothing for the purposes of embarrassment.
c. Child is capable of dressing self, laundering clothing, and obtaining or purchasing clothing.	Child has ability to provide clothing for themselves despite a caregiver's inability to do so. Examples include but are not limited to the following. • Child is a teen and obtains own clothing. • Child is old enough to make their own clothing choices, even if the choices are questionable, like wearing shorts in the winter.

CONCERN ABOUT A CHILD'S NEED FOR MEDICAL, VISION, OR DENTAL CARE

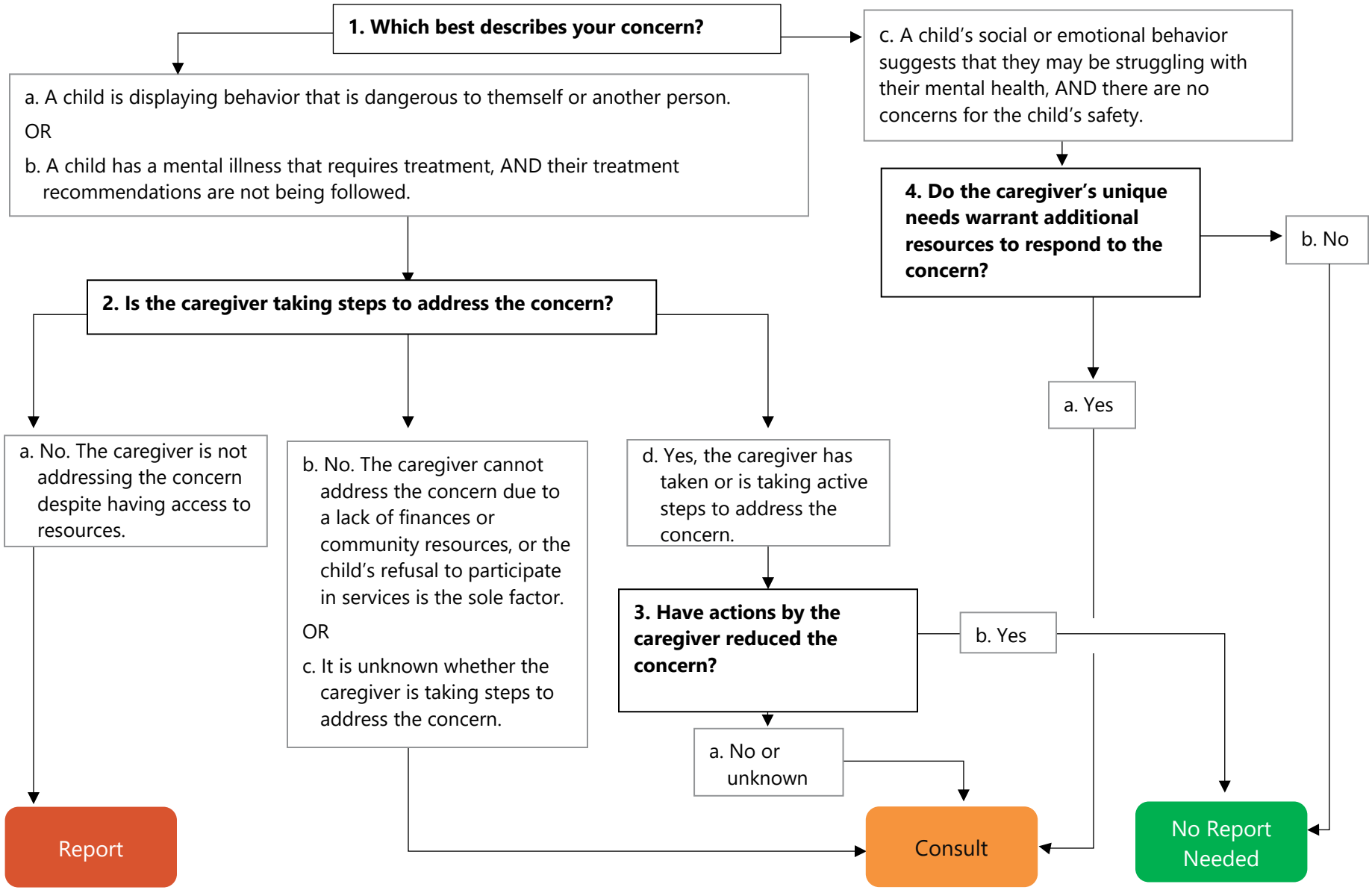


1. Which best describes your concern?	
a. A child has symptoms suggesting a need for immediate medical, dental, or vision treatment that has not been provided.	Child has an illness, condition (such as a severe food allergy), disability, or injury that, if untreated, is likely to result in death, disfigurement, loss of bodily function, or prolonged significant pain and suffering. Examples include but are not limited to the following. • Child appears to have a broken bone, and caregiver is not taking child to the hospital. • Child is unconscious or lost consciousness recently, and caregiver is not taking child to the hospital or arranging medical evaluation. • Child is bleeding extensively, and caregiver is not taking child to the hospital. • Child has an extremely high fever, and caregiver is not taking child to the hospital or arranging medical evaluation.
b. A child has a medical, dental, or vision condition that requires treatment or a care plan that is not in place or is not being followed.	Child has a medical condition or disability that requires ongoing treatment (e.g., diabetes, asthma, Crohn's disease, cystic fibrosis); or child requires feeding tube, ventilation, or other medical devices. AND Caregiver is providing no care, inadequate care, or inappropriate care. • *No care*. Caregiver is completely disregarding recommended medical, dental, or vision treatment plan. Caregiver may be providing home or alternative care. • *Inadequate care*. Caregiver is following parts of the medical, dental, or vision plan but not substantial portions of the plan. AND As a result, child is experiencing increased pain or suffering OR is at increased risk of complications; OR child's lifespan will likely be shortened. **Practice Guidance** Concerns for a caregiver's mental health related to falsifying a child's medical condition, making a child ill, or seeking unnecessary or invasive medical treatments for a child (i.e., factitious disorder) should be directed to the Caregiver Mental Health decision tree.
c. A child is not receiving routine medical, dental, vision care.	Child is not receiving routine medical, dental, or vision care (well-child visits, dental cleanings, immunizations) recommended for the child's age.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern	Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources.

despite having access to resources.	Examples include but are not limited to the following. • A caregiver is knowingly withholding medically necessary medications for a chronic condition (e.g., seizures, diabetes). The family has been offered resources through multiple attempts and continues to withhold care. • A child requires urgent medical treatment (e.g., head injury, broken bone, tooth abscess); and despite the caregiver knowing this, they significantly delay or do not obtain necessary care for the child.
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	The caregiver is aware of the concern AND shows efforts or desire to meet the child's need but lacks finances or resources to do so. Examples include but are not limited to the following. • The caregiver lacks health insurance to secure medical care or medication for the child. • The caregiver lacks transportation to get the child to medical appointments.
c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	The caregiver has taken or is taking active steps to address the concern. Examples include but are not limited to the following. • A school nurse told a caregiver that a child had tooth pain and that the tooth looked infected. The caregiver contacted a dentist and made an appointment to get the child seen. • A medical provider informed a caregiver that a child was not gaining weight appropriately and recommended a specific diet and specialist to support the child in gaining weight. • Caregiver is already engaging with community resources that address medical, vision or dental needs (community clinic, glasses or hearing aid assistance program)
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	Despite the caregiver making some efforts to respond to the child's medical, vision, or dental concern, the concern is affecting the child's ongoing functioning and well-being. Examples include but are not limited to the following. • A school nurse told a caregiver that a child had tooth pain and that the tooth looked infected. The caregiver contacted a dentist and made an appointment to get the child seen. The caregiver brought the child to the dentist, and the child received an antibiotic for the infection. The antibiotic was never picked up from the pharmacy. • A medical provider told a caregiver that a child was not gaining weight appropriately and recommended a specific diet and specialist to support the child in gaining weight. A caregiver agreed to follow the diet and have the child seen by the specialist. The caregiver brought the child to a specialist but did not follow the recommended diet.

	OR It is not clear whether the steps the caregiver is taking are reducing the concern.
b. Yes	Action by the caregiver has significantly reduced the concern. Examples include but are not limited to the following. • A school nurse told a caregiver that a child had tooth pain and that the tooth looked infected. The caregiver contacted a dentist and made an appointment for the child. The caregiver brought the child to the dentist, and the child received an antibiotic for the infection. • A medical provider told a caregiver that a child was not gaining weight appropriately and recommended a specific diet and specialist to support the child in gaining weight. The caregiver agreed to follow the diet and have the child seen by the specialist.
4. Do the caregiver's unique needs warrant additional resources to respond to the concern?	
a. Yes	The caregiver has difficulty navigating or understanding how to access needed resources without additional assistance. For example, the caregiver has difficulty communicating about and accessing services due to differences in language, social, or learning abilities.
b. No	The caregiver has the information and resources accessible and available to them to make choices about their child's care.

CONCERN ABOUT A CHILD'S NEED FOR MENTAL HEALTH CARE OR A CHILD IS A DANGER TO THEMSELVES OR OTHERS

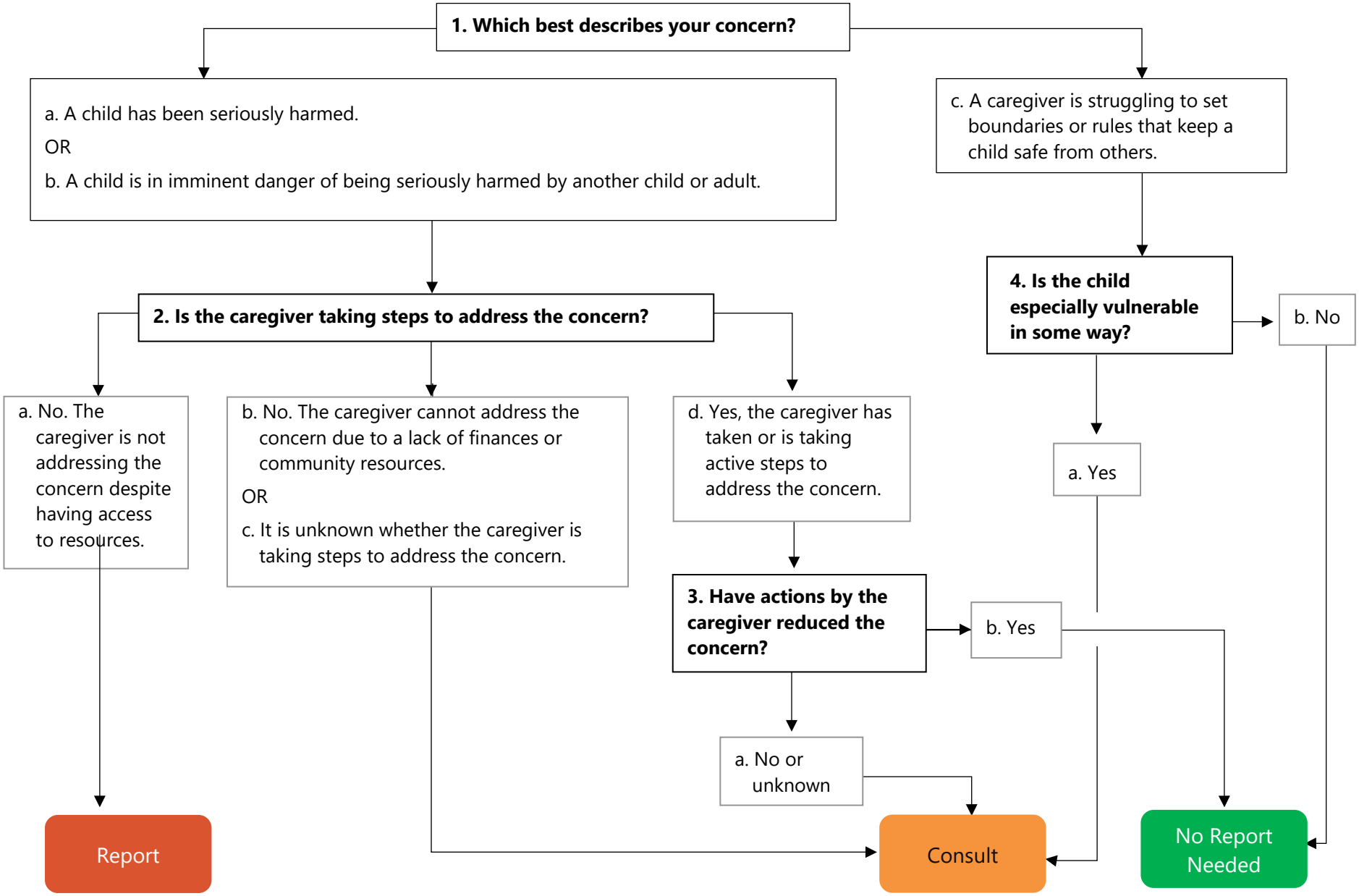


1. Which best describes your concern?	
a. A child is displaying behavior that is dangerous to themself or another person.	A child is engaging in self-injurious behavior, suicidal behavior, problematic sexual behavior, or substance use that is harmful to themself or others AND has caused or is likely to cause physical injury or emotional harm to themself or another person. **Practice Guidance** If a child's physical safety or another person's physical safety is compromised by the child's behavior or mental state, contact New Hampshire's Rapid Response Access Point Crisis Hotline at (*to be added*); if danger is imminent, call 9-1-1. Examples include but are not limited to the following. • Child has deliberately injured self; and even though medical care was not required, the injury was more than superficial, such as cuts that bled but did not require stitches. • Family or household members have been injured by or consistently fear injury by the child. • Child is using alcohol or drugs to the extent that child: » Has suffered an overdose because of substance use; » Has stopped attending school; » Has little or no interest in activities other than drug or alcohol use; » Is being exploited to access substances; » Has impaired physical health or development due directly or indirectly to substance use; for example, you have received medical or professional advice that child's use of substances has led to malnutrition or loss of concentration that persists even after the substances have cleared the system; or » Is engaging in injecting illicit drugs, sharing needles, or other behaviors that will put child at high risk of health issues such as HIV, hepatitis or sexually transmitted infections.
b. A child has a mental illness that requires treatment, AND their treatment recommendations are not being followed.	A child has a diagnosed mental illness that requires ongoing treatment (e.g., therapy, medication), AND the child or caregiver is not following the care plan. Examples include but are not limited to the following. • Child has schizophrenia, requires medication to address hallucinations, and is not taking medication consistently. • Child has a substance use disorder that requires regular therapy and drug screens and is missing appointments. • Child is refusing to take prescribed medication.
c. A child's social or emotional behavior suggests that they may be struggling with their mental health, AND there are no concerns for the child's safety.	A child's actions, demeanor or interactions with others suggest a concern about the child's mental health but there are not concerns for the child's safety. Examples include but are not limited to the following. • Child is frequently falling asleep at school, appears withdrawn or irritable, or has difficulty making friends. • A child is engaging in self-harming behaviors that are not immediately dangerous (e.g., skin picking, hair pulling) • A child is using substances in a way that is not immediately dangerous (e.g., alcohol or marijuana use)

2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	The caregiver is either unwilling to address it or is unable to for reasons other than lack of resources. Examples include but are not limited to the following. • A child requires an emergency mental health evaluation at school due to suicidal ideation, and a caregiver refuses consent for the evaluation without an alternative response to ensure the child's safety or does not take the concern seriously. • A caregiver does not fill their child's psychiatric medication prescription despite knowledge that the child not receiving the medication puts them at risk of harm. • Caregiver is unresponsive to child who is showing signs of mental health such as consistent flatness in demeanor, withdrawn behavior, or early signs of an eating disorder.
b. No. The caregiver cannot address the concern due to a lack of finances or community resources or the child's refusal to participate in services is the sole factor	The caregiver is aware of the concern AND shows efforts or desire to meet the child's need but lacks finances or resources to do so or the child's refusal to participate in services is the sole factor Examples include but are not limited to the following. • The caregiver lacks health insurance to secure mental health treatment for the child. • There are not psychiatric or mental health resources available in the child's community that meet the child's needs, or existing services have long waiting lists. • The caregiver lacks transportation • The child refuses to participate in mental health assessment, therapy, etc..
c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	The caregiver has taken or is taking active steps to address the concern. Examples include but are not limited to the following. • The caregiver has sought support from mental health resources to address the child's symptoms. • The caregiver has taken steps to restrict access to harmful items (e.g., sharps, medication) following a child's self-harm or suicide attempt.

3 Have actions by the caregiver reduced the concern?	
a. No or unknown	Despite the caregiver making efforts to respond to the child's mental health concern, the child's mental health concern affects the child's ongoing functioning and well-being. Examples include but are not limited to the following. • Caregiver made good-faith efforts to access services for the child, and the child refuses them and is using substances. • The child needs a higher level of care (e.g., hospitalization, residential treatment), and the resources are not accessible to the family. OR It is not clear whether the steps the caregiver is taking are reducing the concern.
b. Yes	Action taken by the caregiver has significantly reduced the concern. Examples include but are not limited to the following. • The caregiver has brought the child to an urgent appointment with their psychotherapist who was able to make a plan for safety with the family, which eliminated the crisis. • The caregiver has contacted emergency services for support in responding to the child's mental health crisis.
4. Do the caregiver's unique needs warrant additional resources to respond to the concern?	
a. Yes	The caregiver has difficulty navigating or understanding how to access needed resources without additional assistance. For example, the caregiver has difficulty communicating and accessing services due to differences in language, social, or learning abilities.
b. No	The caregiver has the information and resources accessible and available to them to make choices about their child's care.

CONCERN ABOUT CAREGIVER'S RESPONSE TO OTHERS CAUSING HARM TO THE CHILD

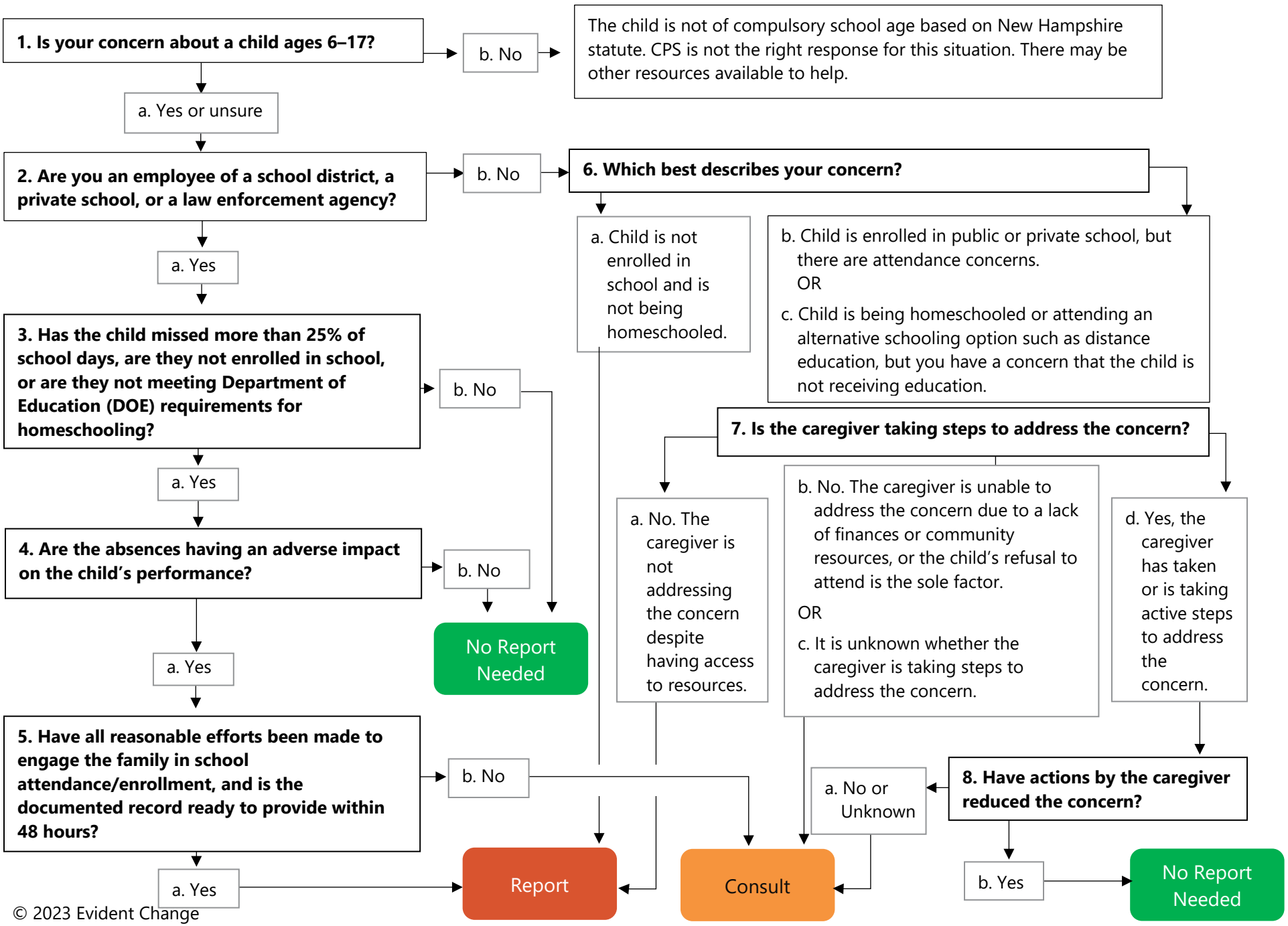


1. Which best describes your concern?	
a. A child has been seriously harmed.	A person other than a caregiver has done one or more of the following: • Caused a significant injury to a child • Sexually abused or exploited a child • Sexually trafficked a child
b. A child is in imminent danger of being seriously harmed by another child or adult	The child is in a position in where they are likely to be seriously harmed by another child or adult. This includes siblings and/or temporary caregivers. Examples include but are not limited to the following. • Child is having regular contact with a person who has been violent toward this child in the past and is likely to be violent in the future. • Child is having regular contact with a person who has been known to be violent to children in the past. • Child is having regular contact with adults who are involving them in criminal activity. • Child is having regular contact with adults who are grooming them for sexual abuse, exploitation, or trafficking.
c. A caregiver is struggling to set boundaries or rules that keep a child safe from others.	While there is no danger currently, the caregiver is unable or unwilling to set regular expectations that would keep the child safe from concerns. Examples include but are not limited to the following. • When child begins to engage in criminal activities with others, caregiver does not respond in a way that effectively addresses the concern. • When child begins to spend time in situations that could cause them serious physical harm, caregiver does not respond in a way that effectively addresses the concern.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources. The caregiver takes no steps to keep the child safe from the person who has caused harm or who is in imminent danger of causing harm. Examples include but are not limited to the following. • Caregiver allows or even encourages child unsupervised contact with this person. • Caregiver does not set reasonable rules that would protect child.
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	The caregiver is aware of the concern AND shows efforts or desire to meet the child's need but lacks finances or resources to do so. Examples include but are not limited to the following.

	• Caregiver is isolated, leading to them to be unsupported or without a network (family, friends, or professionals) to address the concern. • Caregiver is living in a home with drug activity and does not have the finances to relocate. • Caregiver is in a domestic violence situation and does not have the resources or finances to relocate.
c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	The caregiver has taken or is taking active steps to address the concern. Examples include but are not limited to the following. • Caregiver is acting to prevent contact between the child and the person who has caused or may cause harm. • Caregiver is ensuring that a safe person is always present when child is with a person who may cause harm. • Caregiver has set consequences and rules in the home. • Caregiver has reached out to friends, family, or community supports; and together, they are working with the caregiver to address the concern.
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	Despite the caregiver making efforts to keep the child safe, the child continues to be in some danger. Examples include but are not limited to the following. • Caregiver made good-faith efforts to set rules and expectations in the home, but the child cannot or does not follow them. • Caregiver made good-faith efforts to keep the child away from the person causing harm, but that person has persisted in having contact with the child. OR It is not clear whether the steps the caregiver is taking are reducing the concern.
b. Yes	The caregiver's action to respond to the concern has reduced the concern. Examples include but are not limited to the following. • Child is no longer in contact with the person who has caused or could cause harm. • Child and caregiver have a set of strategies they use together when concerns arise (e.g., a plan for safety).
4. Is the child especially vulnerable in some way?	
a. Yes	The child is likely to be more susceptible to harm than most other children because of a specific characteristic. Examples include but are not limited to the following. • The child is developmentally or physically disabled. • The child struggles with behavioral or mental health.

	• The child is isolated from peers, mentors, or community. • The child is not school-aged.
b. No	The child has no characteristics that make it harder for them than it is for most children to protect themself or seek assistance.

CONCERN ABOUT A CHILD'S SCHOOL ENROLLMENT OR ATTENDANCE



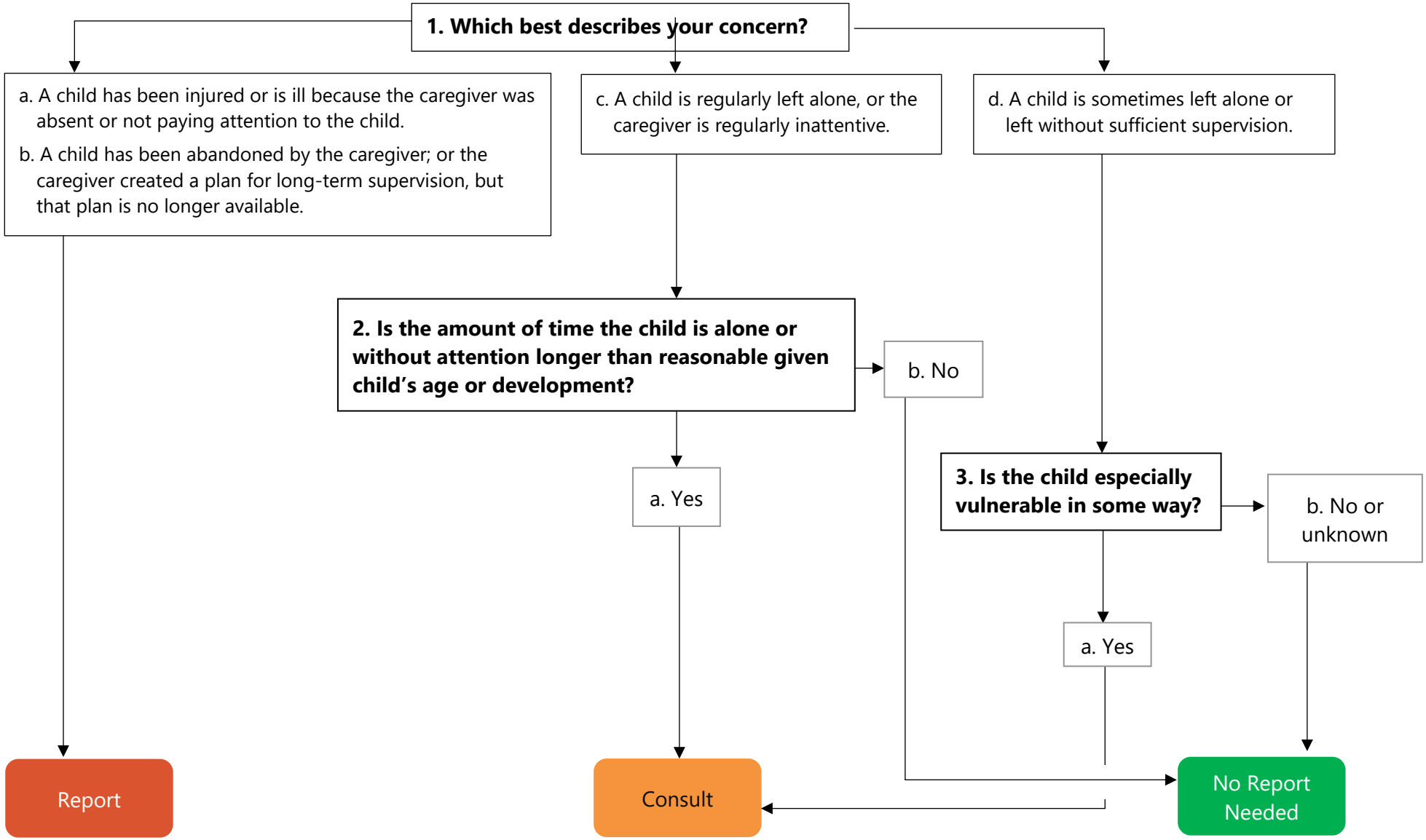
1. Is your concern about a child ages 6–17?	
a. Yes or unsure	The child is of compulsory school age (age 6 until 18th birthday), or you are unsure of the child's age.
b. No	The child is younger than 6 or age 18 or above.
2. Are you an employee of a school district, a private school, or a law enforcement agency?	
a. Yes	The concern or situation occurred while you were working. You are considered an employee of a school district or private school if you are an administrator, teacher, social worker, or other person employed by a school district or private school; a person who volunteers at a school; or a person who is a contractor performing services for a school. You are considered an employee of a law enforcement agency if you are employed by a state or county agency in such a role as a police officer, sheriff, court official; or if you volunteer in a law enforcement role with one of these agencies; or if you are performing a service on behalf of a law enforcement agency pursuant to a contract.
b. No	You are not an employee of the school district, a private school, or a law enforcement agency. OR The concern is not related to your employment role.
3. Has the child missed more than 25% of school days, are they not enrolled in school, or are they not meeting Department of Education (DOE) requirements for homeschooling?	
a. Yes	The child has missed more than 25% of school days; or the child is not enrolled in school; or the child is registered in a homeschooling program, but the caregiver is not meeting the DOE requirements. If there are 20 school days in a given month, missing 25% would mean the child missed five days. By the end of the school year, 25% of 180 days is 45 days. This is context-/age-dependent: A range of contextual factors may affect the risk level in ways that may not be possible to calculate. It is not necessary to wait 30 days if the context suggests a faster response is required. Examples include but are not limited to the following. • A child who is age 13 or younger, or who is otherwise incapable of being responsible for their own attendance, is not enrolled in school or has been absent more than 25% of school days. • A child age 14 or older is not enrolled or has missed more than 25% of school days, and the child's actions (e.g., refusing to go to school) are not a significant or sole factor in their absence.
b. No	The child's absences are excused absences, or the child has not missed more than 25% of school days.
4. Are the absences having an adverse impact on the child's performance?	
a. Yes	The child is not reaching minimum milestones for age or grade level.

b. No	Despite absences, lack of attendance, or unmet requirements, the child is reaching grade-level milestones.
5. Have all reasonable efforts been made to engage the family in school attendance/enrollment, and is the documented record ready to provide within 48 hours?	
a. Yes	The processes outlined in policy and procedures have been followed without success; AND the school and other education staff have made substantial efforts to contact the caregivers. The following steps have been followed. • The school has exhausted all steps to engage the family in school attendance. • There is a record of documentation proving that all potential explanations for absences have been ruled out. • There is a record of documentation proving that the school has exhausted all steps to engage the family in school attendance. • Documentation can be provided to the New Hampshire Division for Children, Youth and Families (DCYF) intake within 48 hours of reporting. Examples of reasonable efforts in documentation include but are not limited to: • School attendance report reflecting unexcused absences for 25% or more days that school has been in session to date; • Letter to caregiver after five to 10 absences; • Meeting requested and/or held with caregiver; • Attempted phone contacts with caregivers to discuss reasons for excessive absences; • Home visits by truant officer, school personnel, or local law enforcement; or • Attempts by school personnel to comply with RSA 193:1(I)(h) for children ages 16 and 17 (regarding alternative learning plan).
b. No	You have not engaged in a process for following up on non-enrollment; OR the school and other education staff have not made substantial efforts to contact the caregivers; OR the case has not been escalated within the education system or with another service provider where appropriate.
6. Which best describes your concern?	
a. Child is not enrolled in school and is not being homeschooled.	Caregiver has not signed the child up for school, and you know that the child is not receiving education via homeschooling.
b. Child is enrolled in public or private school, but there are attendance concerns.	Child attends public or private school, and you are concerned about the number of absences the child has.
c. Child is being homeschooled or attending an alternative schooling option such as distance	You know or suspect that the caregiver is not in compliance with the homeschool requirements for New Hampshire and as a result, the child's education is compromised. A caregiver has not done the following.

education, but you have a concern that the child is not receiving education.	• Contacted a participating agency (in most cases, the local school superintendent or a participating private school) about their intent to homeschool. • Kept a portfolio of the homeschooled child's work and log of reading materials. • Had an annual evaluation demonstrating educational progress commensurate with the child's age and ability. **Practice Guidance** Caregiver does not need to teach a certain number of days, certain hours of the day, or specific subjects to meet the above requirements.
7. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources. This may be evidenced by child still not being enrolled in school. Examples include but are not limited to the following. • Caregiver has refused services. • Caregiver has indicated acceptance but, after a reasonable period of time, has not engaged in services. • Having engaged in services, caregiver is not effectively using services to reduce risk of truancy to child.
b. No. The caregiver is unable to address the concern due to a lack of finances or community resources, or the child's refusal to attend is the sole factor.	The caregiver is aware of the concern AND shows efforts or desire to meet the child's need but lacks finances or resources to do so; or the concern is due to a child age 14 or older refusing to attend school. Examples include but are not limited to the following. • A caregiver lacks awareness about educational requirements due to barriers such as language or cultural differences. • The child lacks transportation.
c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	The caregiver has taken or is taking active steps to address the concern. You or another person have already provided resources that the caregiver is engaging with, or the family has sought services and interventions on their own.
8. Have actions by the caregiver reduced the concern?	
a. No or unknown	• Despite the caregiver making efforts to meet the child's need, the concern still exists. An example might be the caregiver or child having agreed to services but not having engaged in them.

	OR • It is not clear whether the steps the caregiver is taking are reducing the concern.
b. Yes	The caregiver's action to respond to the concern has significantly reduced the concern. An example might be a caregiver or child having agreed to services, and based on time elapsed since services were recommended, engaging in services and making progress toward reducing risk of truancy to child.

CONCERN ABOUT A CHILD'S SUPERVISION

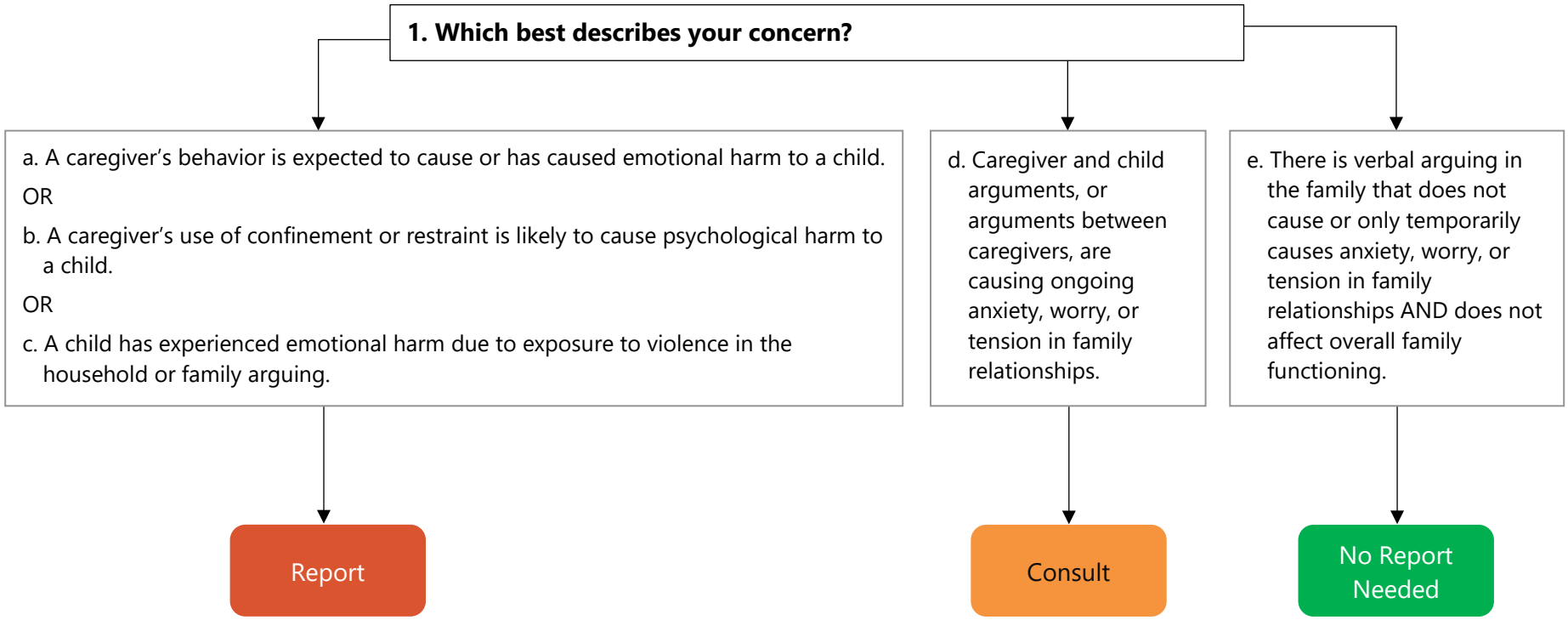


1. Which best describes your concern?	
a. A child has been injured or is ill because the caregiver was absent or not paying attention to the child.	A child has been injured or became ill because caregiver did not provide the level of supervision required. The child suffered a physical injury or illness as a direct result of the caregiver being not present or inattentive. Examples include but are not limited to the following. • A 4-year-old suffered burns from using the microwave or stove inappropriately because child was left alone and had to meet their own food needs. • While the caregiver was sleeping, a 2-year-old was hit by a car after wandering out of the house and into the street. • A child ingests drugs and requires medical attention. • Child was repeatedly assaultive toward another, causing serious injury; and caregiver did not intervene.
b. A child has been abandoned by the caregiver; or the caregiver created a plan for long-term supervision, but that plan is no longer available.	The child has been abandoned by the caregiver; or the caregiver has created a plan for long-term supervision, but that plan is no longer available. Examples include but are not limited to the following. • Caregiver's whereabouts are unknown. • Caregiver arranged for a child to stay with a family member for a week; but it has been three weeks, and the family member cannot reach the caregiver. • Caregiver refuses to allow child to come home after an argument, and the caregiver did not make alternative care plans.
c. A child is regularly left alone, or the caregiver is regularly inattentive.	Child is regularly left alone, or there is a pattern of the child being left alone. OR The caregiver is present but regularly inattentive. While the caregiver is physically present, they are often distracted, busy, or otherwise not attending to the child. Refer to the Examples of Circumstances and Appropriate Supervision Levels table for guidance while also considering the specific context of the situation. Examples include but are not limited to the following. • Child's daily needs are not being met; e.g., caregiver is not feeding the child or getting the child to school because the caregiver is routinely absent or routinely inattentive. • Caregiver is with the child but is not responding to threats to child safety (e.g., child is putting dangerous objects into mouth, and caregiver is not responding; child walks out while caregiver is asleep or passed out); OR child is causing harm to another person (e.g., injuring another child or initiating sexual behavior). • Caregiver does not demonstrate ability to provide safe supervision of newborn upon discharge. Caregiver is inattentive while holding the newborn at the hospital to the extent that the newborn could have been injured, or

	may already be. Caregiver is unresponsive to the newborn at the hospital, such as by not noticing crying or potential danger. • A chosen temporary caregiver is a child or adult lacking the knowledge, skills, or experience to safely meet child's special medical needs. **Practice Guidance** This does not include brief periods of time when a caregiver may need to shower or use the bathroom, unless the child has specific needs that place them in immediate danger if left briefly unsupervised (e.g., a child with autism who bolts out of the house).
d. A child is sometimes left alone or left without sufficient supervision.	There are occasional periods when the child is being left alone or left without proper supervision. Refer to the Examples of Circumstances and Appropriate Supervision Levels table for guidance while also considering the specific context of the situation. • A group of siblings age 3–7 are playing in the street for one to three hours, and you have not seen the caregiver. • A child discloses they were left alone with their sibling (age unknown) and states that the sibling was engaging in other activities and refusing to provide food. • A caregiver left the apartment next door, and you know that they have three children under 5. You hear the children crying during the day. You are unsure if there is an adult in there with them. • A child needs a higher level of care due to a medical condition. The child is being left with an older sibling. You are unsure if the sibling has the capacity to meet the child's special needs. **Practice Guidance** This does not include brief periods of time when a caregiver may need to shower or use the bathroom, unless the child has specific needs that place them in immediate danger if left briefly unsupervised (e.g., a child with autism who bolts out of the house).
2. Is the amount of time the child is alone or without attention longer than reasonable given child's age or development?	
a. Yes	The child is left by themself or with someone who can not meet their basic needs for longer than is acceptable for a child of their age or stage of development. Refer to the Examples of Circumstances and Appropriate Supervision Levels table for guidance while also considering the specific context of the situation.
b. No	The child is not left by themself for longer than acceptable. Refer to the Examples of Circumstances and Appropriate Supervision Levels table for guidance while also considering the specific context of the situation.
3. Is the child especially vulnerable in some way?	
a. Yes	The child is likely to be more susceptible to harm than most other children because of a specific characteristic. Examples include but are not limited to the following.

	• The child is developmentally or physically disabled. • The child struggles with behavioral or mental health. • The child is isolated from peers, mentors, or community.
b. No or unknown	The child is unlikely to be more susceptible to harm than other children. OR It is unknown if the child is especially vulnerable in some way.

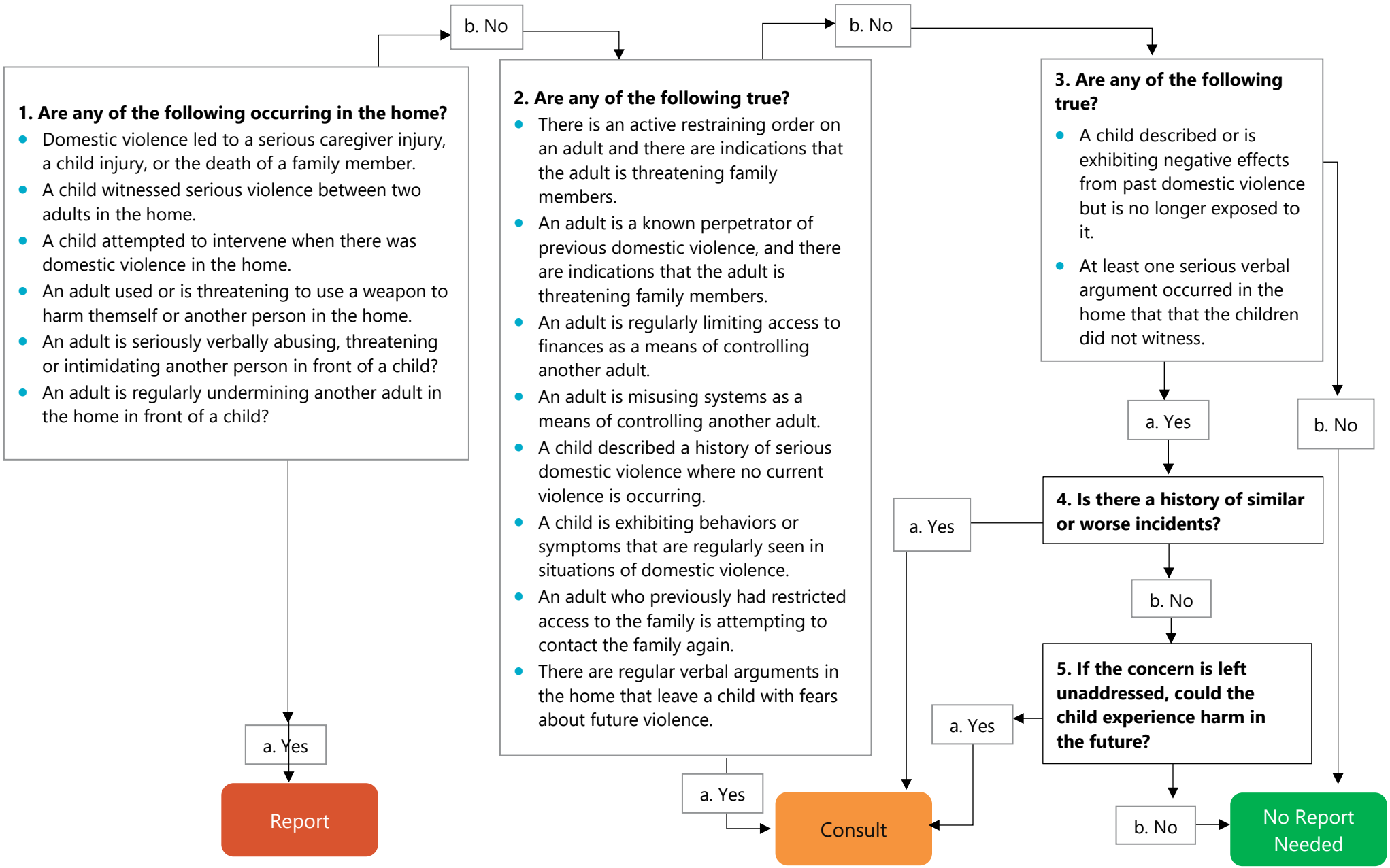
CONCERN ABOUT EMOTIONAL HARM TO A CHILD



1. Which best describes your concern?	
a. A caregiver's behavior is expected to cause or has caused emotional harm to a child.	Caregiver actions or inactions have produced a significant adverse effect on the child's emotional well-being. The child has observable behaviors resulting from significant psychological harm (e.g., bedwetting, self-harming, withdrawing, aggressive behavior, running away, sleep disturbances). Examples include but are not limited to the following. • A caregiver has overdosed or attempted suicide in front of the child. • A caregiver has caused or fabricated mental, emotional, or behavioral health symptoms in a child to obtain tests, procedures, or treatment. • A caregiver has acted in one of the following ways. » Hostile. Virtually everything child does is criticized. » Rejecting. Caregiver does not accept child. For example, caregiver consistently tells child that child is not wanted or is unworthy of belonging in the family; or belittled, bullied, terrorized, or isolated a child (e.g., caregiver bullies child in response to a child's sexual orientation or gender identity). » Degrading. Caregiver publicly humiliates child; for example, makes child appear in public wearing a diaper for having a toileting accident. » Terrorizing. Caregiver consistently acts or says things that frighten child, including threats to harm child, self, others, or pets; caregiver deliberately causes child to witness traumatic events. » Blaming. A caregiver persistently and strongly blames child for family dysfunction, violence, or abuse.
b. A caregiver's use of confinement or restraint is likely to cause psychological harm to a child.	A caregiver's use of confinement or restraint is likely to impact a child's emotional, social, or physical development; or health. Examples include but are not limited to the following. • A caregiver routinely locks a child in a room, cage, closet, or other space; and they are unable to exit. • A caregiver repeatedly restrains a child in ways that are painful or humiliating.
c. A child has experienced emotional harm due to exposure to violence in the household or family arguing.	A child is experiencing extreme distress as a result of witnessing the physical, verbal, or sexual assault of another person or pet by a caregiver; or a pattern of a caregiver exerting power and control over another person or pet. Examples include but are not limited to the following. • A child observes interaction between caregivers where one caregiver is belittling or humiliating the other. The child is modeling this behavior in friendships or showing signs of distress (e.g., bedwetting, anxiety, sleep disturbance). • A caregiver strikes another adult in the presence of the child, and the child shows signs of distress (e.g., bedwetting, fear of future violence, anxiety).
d. Caregiver and child arguments, or arguments between caregivers, are causing ongoing anxiety,	There are verbal arguments in the home between the caregiver and the child or between adults in the home that create ongoing anxiety, worry, or tension in family relationships. Examples include but are not limited to the following.

1. Which best describes your concern?	
worry, or tension in family relationships.	• Child expresses worry or fear about future interaction with a caregiver after continuous disagreement about academics. • Child expresses that adults in the home argue frequently at night, and the child cannot sleep. • Ongoing tension in the home between caregiver and child about stepparent or additional adult in household. • Arguments between caregivers or other adults in the home leave the child sad or worried. This could be the result of general stress in the family or perhaps a recent trauma the family has experienced that increases the stress in a home (e.g., loss of a family member, loss of employment).
e. There is verbal arguing in the family that does not cause or only temporarily causes anxiety, worry, or tension in family relationships AND does not affect overall family functioning.	A caregiver and a child or other family members get into arguments that may cause temporary emotional escalation, but the overall family dynamic is not affected. Examples include but are not limited to the following. • Adults in the home bicker, but the child is not fearful and does not worry about escalating dynamics. • A caregiver and child argue about chores; but the child is not experiencing significant emotional distress, worry, or anxiety. • There may be some instances of arguing or disagreements in the home in line with common experiences of family life.

CONCERN ABOUT DOMESTIC VIOLENCE



1. Are any of the following occurring in the home?		
a. Yes	Any of the following are happening or recently happened.	
	Domestic violence led to a serious caregiver injury, a child injury, or the death of a family member.	One adult seriously physically injured another person during an incident of domestic violence. Examples include but are not limited to one adult strangulating, sexually assaulting, causing fractures, death, or any injury that requires hospitalization to another child or adult.
	A child witnessed serious violence between two adults. in the home.	A child saw, heard, or was told of significant violence between adults. Note that the child does not need to have been in the exact same room to have "witnessed" this violence. An example would be one adult physically striking another adult in the home and the child seeing a bruise or mark later that day.
	A child attempted to intervene when there was domestic violence in the home.	A child attempted to stop an adult from assaulting another person or becomes involved to protect the victim adult Examples include but are not limited to: A child who tries to hold back an adult in the home who is attempting to harm another adult in the home; a child tells and adult to stop making threatening gestures.
	An adult used or is threatening to use a weapon to harm themself or another person in the home.	An adult has access to a weapon that can cause serious injury, AND that adult has used that weapon to harm themself or others in the home OR flaunted it in a purposefully threatening manner. An example would be an adult who has access to and is using or threatening to use a gun, knife, hammer, or flammable liquid to cause harm to themself or another person.
	An adult is seriously verbally abusing, threatening, or intimidating another person in front of a child.	An adult has made significant verbal threats or tried to frighten another person in front of at least one child in the home. Examples include but are not limited to: • Using menacing language or calling demeaning names in front of the child; or • Threatening to become physically or sexually violent or harm another person in front of the child.

	An adult regularly undermines or coerces another adult in the home in front of a child.	An adult regularly demeans, diminishes, shows disrespect, or encourages children to do the same to another adult. An example would be a caregiver who tells children the other caregiver is "stupid" or "worthless" or is not worth listening to.
b. No	None of the above are happening or recently happened, or it is unknown if they have; but you still have a concern about domestic violence.	
2. Are any of the following true?		
a. Yes	Any of the following are happening or recently happened.	
	There is an active restraining order on an adult, and there are indications that the adult is threatening family members.	One household member has a legal restraining order prohibiting contact with a child or adult in the home, AND the person with the restraining order is no longer following that order. Examples include but are not limited to: A person with a restraining order who begins to send threatening text messages, make threatening phone calls, leave threatening notes, use threatening language or tone, etc.
	An adult is a known perpetrator of previous domestic violence, and there are indications that person is threatening family members.	An adult has a history of causing domestic violence in the home, AND that person is beginning to demonstrate threatening behaviors. An example would include a person who previously harmed partners or children who begins to send threatening text messages, make threatening phone calls, leave threatening notes, use threatening language or tone, etc.
	An adult is regularly limiting access to finances as a means of controlling another adult.	An adult prohibits another adult from accessing shared financial resources AND uses that as a means to seek power over that person's behavior. Examples include but are not limited to: An adult who does not allow a partner access to shared bank accounts; an adult who insists that they will not share financial resources unless the other member follows their instructions.
	An adult is misusing systems as a means of controlling another adult.	An adult seeks to use court order and legal processes (including child protection) to threaten or control the behavior of another adult in the home. Examples include but are not limited to: An adult household member who regularly files false reports with child protection or law enforcement , regularly lies about their behavior and their partner or previous partners behavior in court (including family court) in order to seek control over that person and their family;

	A child described a history of serious domestic violence where no current violence is occurring.	A child described a serious episode of domestic violence that occurred at least six months in the past. Examples include but are not limited to: The child describing one caregiver violently striking another one more than six months ago; the child describing one caregiver regularly intimidating and demeaning another caregiver more than six months ago.
	A child is exhibiting behaviors or symptoms that are regularly seen in situations of domestic violence.	A child demonstrates behaviors or exhibits symptoms that are common in children who have witnessed violence between family members. Examples include but are not limited to the following. • The child expresses fear about returning to the home. • The child is showing high emotional distress and aggressive behavior greatly disproportionate for the context they are in. • The child is jumpy, nervous, or easily startled. • The child is playing out or expressing memories of the domestic violence. • The child is avoiding situations, people, or reminders associated with the incident. • The child is acting shut down or avoidant.
	An adult who previously had restricted access to the family is attempting to contact the family again.	Someone who has a history of perpetrating violence against anyone in the home, AND who had their access to the family limited at one point is reaching out to contact family members again. Examples include but are not limited to: • A person who previously harmed partners or children and who, at one time, had a restraining order preventing contact with that family, is sending text messages or making phone calls to family members; or • A person who previously harmed partners or children and who, at one time, had a restraining order preventing contact with that family, is coming by school or home and seeking contact with children in the home.
	There are regular verbal arguments in the home that leave a child with fears about future violence.	Two adults have frequent verbal arguments that a child says leaves them scared or concerned that someone may get hurt in the future. An example would be two adult having arguments two to three times per week where they regularly scream or push each other, AND the child saying this scares them and leaves them nervous about someone getting more seriously hurt in the future.
b. No	None of the above are happening or recently happened, or it is unknown if they have; but you still have a concern about domestic violence.	

<table>
<tr><td colspan="3">3. Are any of the following true?</td></tr>
<tr><td rowspan="3">a. Yes</td><td colspan="2">Any of the following are happening or recently happened.</td></tr>
<tr><td>A child described or is exhibiting negative effects from past domestic violence but is no longer exposed to it.</td><td>A child describes an experience of domestic violence in the past that continues to scare them or leave them nervous about future violence AND denies any current experience of domestic violence.

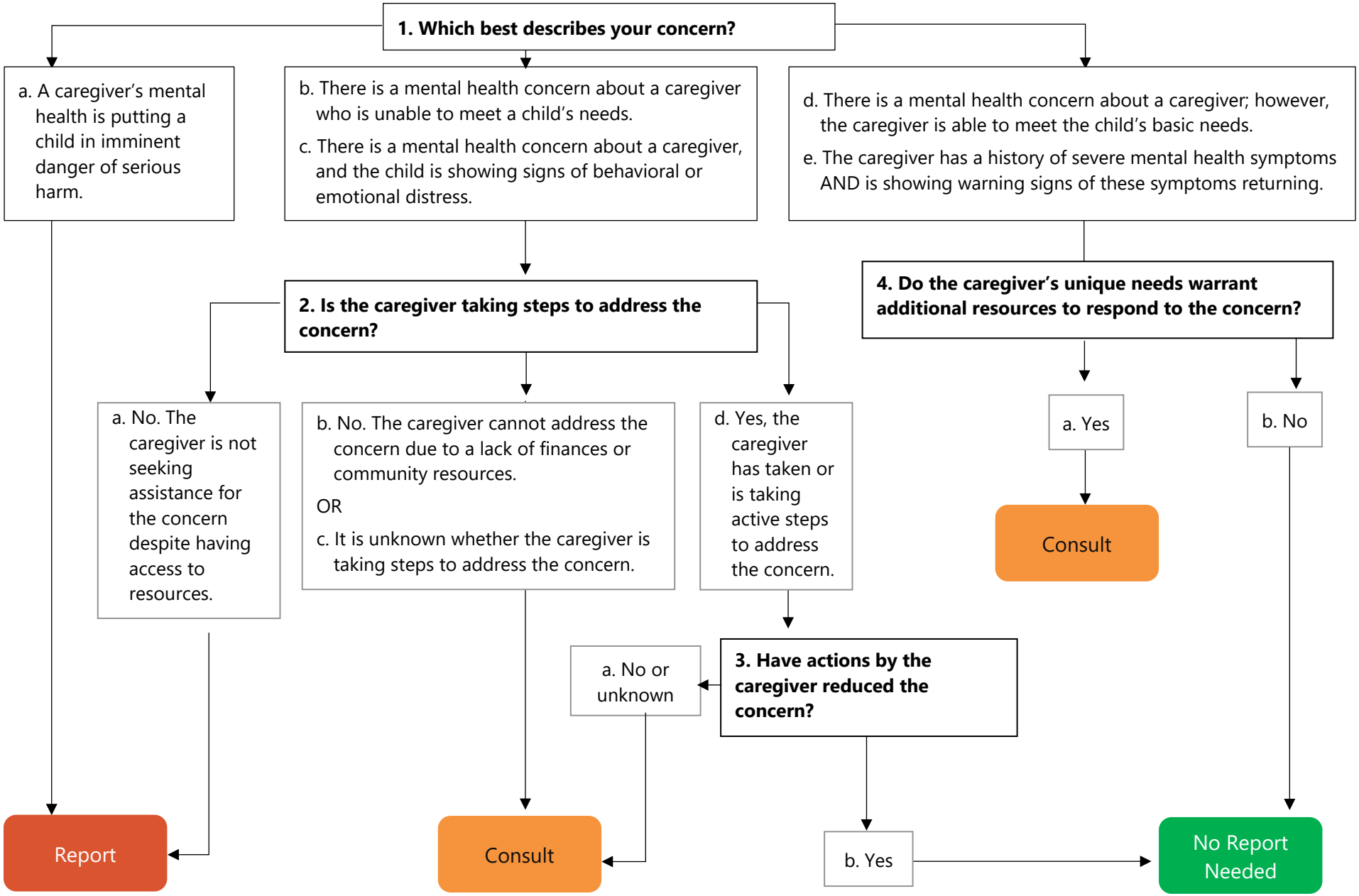
An example would be a child describing one household member hitting another a year ago, saying there have been no more experiences like that since then, but describing regularly having nightmares about it and fearing that violence may return to the home in the future.</td></tr>
<tr><td>At least one serious verbal argument occurred in the home that that the children did not witness.</td><td>A child or adult household member describes a serious verbal argument that did not result in physical violence occurring in the home. During this argument, the child was not present in the home or was far enough away from the adults that the child did not hear the argument.

An example would be two adult household members having an argument where at least one screamed or used demeaning language with the other, AND the child did not see or hear this, even if the child heard about the argument afterwards.</td></tr>
<tr><td>b. No</td><td colspan="2">None of the above are happening or recently happened, or it is unknown if they have; but you still have a concern about domestic violence.</td></tr>
<tr><td colspan="3">4. Is there a history of similar or worse incidents?</td></tr>
<tr><td>a. Yes</td><td colspan="2">You are aware of a previous history of similar or more severe experiences of domestic violence or arguments.

OR

You are unsure whether there is such a history.</td></tr>
<tr><td>b. No</td><td colspan="2">You know there is no history of similar or more severe experiences of domestic violence or arguments.</td></tr>
<tr><td colspan="3">5. If the concern is left unaddressed, could the child experience harm in the future?</td></tr>
<tr><td>a. Yes</td><td colspan="2">You believe, based on the description of domestic violence or arguments, that the child could be injured from similar experiences in the future.</td></tr>
<tr><td>b. No</td><td colspan="2">You do not believe, based on the description of domestic violence or arguments, that the child could be injured from similar experiences in the future.</td></tr>
</table>

CONCERN ABOUT A CAREGIVER'S MENTAL HEALTH

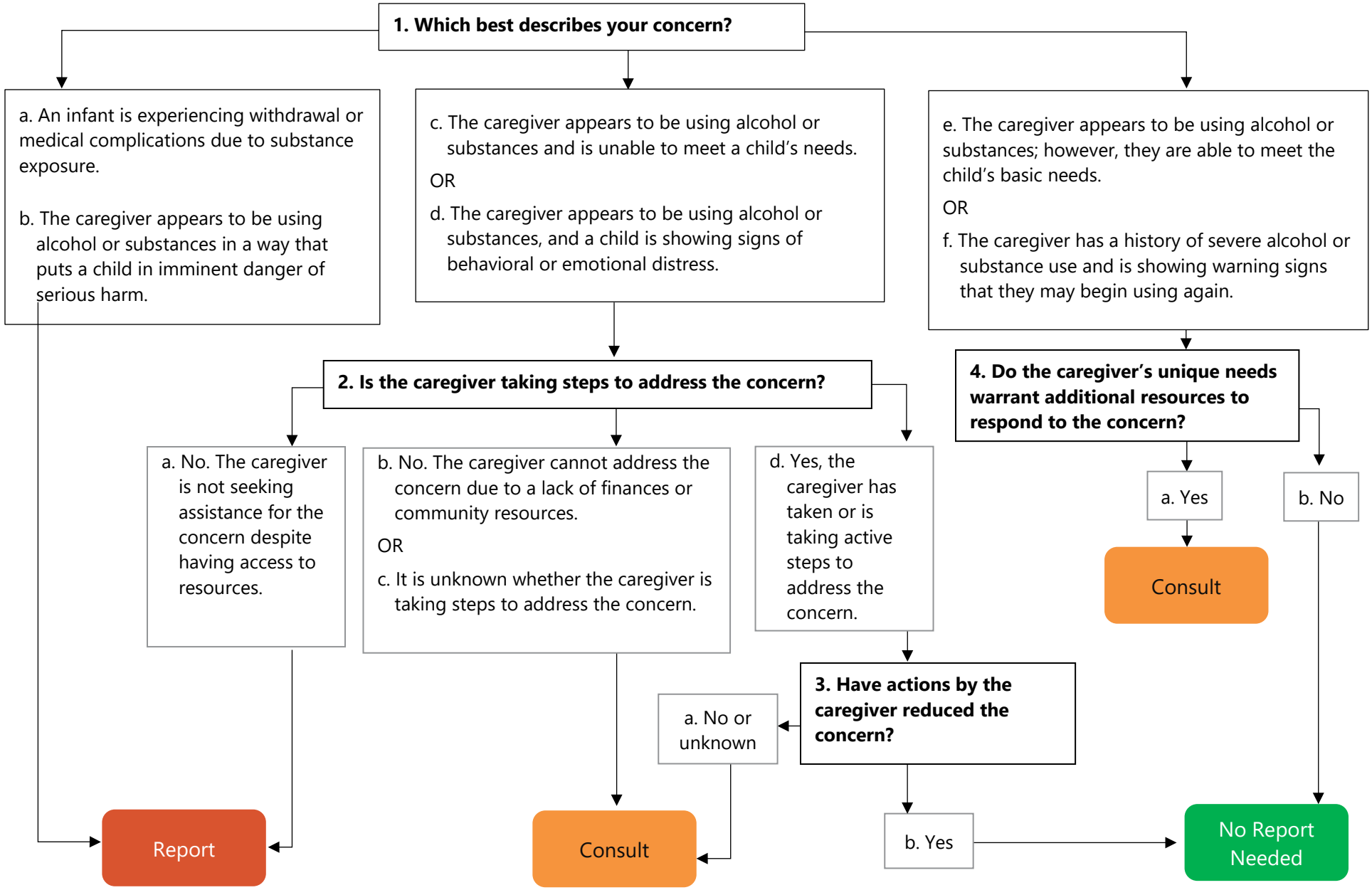


1. Which best describes your concern?	
a. A caregiver's mental health is putting a child in imminent danger of serious harm.	There is a mental health concern about a caregiver; AND, as a result, the child's imminent safety is threatened. Symptoms of mental health concerns may include but are not limited to volatile emotional expressions, anger management issues, social withdrawal, cognitive impairment, hallucinations and delusions, and homicidal or suicidal and self-harm behaviors. Examples include but are not limited to the following. • Caregiver experiences severe depression; and a young child is unsupervised, leaves the home, is playing in a road, or is outside without supervision. • Caregiver has attempted suicide or engaged in self-harm while caring for the child. • Caregiver experiences psychosis (voices or visions) that instruct the caregiver to harm the child. • A caregiver with manic episodes has regular experiences of extreme anger and credibly threatens serious harm to the child. • A caregiver intentionally makes their child ill, falsely claims that their child has an illness, or is seeking unnecessary or invasive medical treatments for their child.
b. There is a mental health concern about a caregiver who is unable to meet a child's needs.	There is a mental health concern about a caregiver; AND, as a result, the child has regular and critical needs that are unmet. Examples include but are not limited to the following. • Caregiver experiences severe depression, and the child is regularly going without food or shelter or is not attending school. • Caregiver is completely withdrawn to the point where they are unaware of their child's needs or not interacting with the child.
c. There is a mental health concern about a caregiver, and the child is showing signs of behavioral or emotional distress.	There is a mental health concern about a caregiver; AND, as a result, the child is showing some emotional, behavioral, or social harmful impact. Examples include but are not limited to the following. • A child is showing signs of excessive fear/anxiety from their caregiver's mental health symptoms, such as suicidality, delusions or mania. • Caregiver has excessive fears and requires the child to stay isolated and withdraw contact from friends or family.
d. There is a mental health concern about a caregiver; however, the caregiver is able to meet the child's basic needs.	There is a mental health concern about a caregiver, AND all signs indicate that the child is experiencing minimal to no impact. All of the child's critical needs are regularly met. Examples include but are not limited to the following. • A caregiver experiences anxiety and fears; however, the child directly reports that they are regularly fed and clothed; and they are showing no signs of emotional distress. • A caregiver has a serious mental illness; however, there is another caregiver in the home who says they are aware of the likely symptoms that can result; and that other caregiver is able to ensure the child's needs are met. • A caregiver experiences suicidal thoughts or engages in self-harming behaviors, but the child is experiencing minimal to no impact.

e. The caregiver has a history of severe mental health symptoms AND is showing warning signs of these symptoms returning.	A caregiver has an extensive history of severe psychiatric and behavioral health symptoms that have significantly limited their functioning in the past, AND they are showing signs that some or all of these symptoms may be returning. An example would be a caregiver who experienced severe psychosis in the past indicating they are beginning to hear voices or see visions again, even if not at the level they were in the past.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not seeking assistance for the concern despite having access to resources.	The caregiver is taking no steps to keep the child protected from the effects of their mental health symptoms. Examples include but are not limited to the following. • A caregiver is so affected by their psychiatric or behavioral health symptoms that they cannot create any safety or support plans for their child. • A caregiver minimizes the impact of their symptoms on the child.
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	The caregiver is attempting to keep the child safe from the effects of their mental health. However, this is not effective because the caregiver lacks important knowledge or assistance from others. Examples include but are not limited to the following. • A caregiver is isolated from family, friends, or community and therefore cannot create an effective support system for their child. • A caregiver is willing but unsure of how to protect their child from their effects of their mental health. • The caregiver is actively seeking treatment for their mental health but cannot access it due to long wait lists, lack of insurance, lack of transportation, or other barriers.
c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	The caregiver is taking active steps to keep the child safe and protected from their mental health. Examples include but are not limited to the following. • Together with other adults and older adolescent children, the caregiver has made a plan for safety for when the caregiver experiences psychiatric symptoms that interfere with their ability to care for the child. • The caregiver is actively seeking treatment for their mental health.
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	Despite the caregiver making efforts to keep the child safe, the child continues to be impacted in some ways by the caregiver's mental health.

	Examples include but are not limited to the following. • The caregiver is engaging in treatment; however, it is early in that treatment, and little to no behavioral change has been seen. The child continues to have important needs unmet. • The caregiver is making a plan for safety to keep the child safe when psychiatric symptoms interfere with their caregiving; however, the caregiver cannot or does not always follow this plan. OR It is not clear whether the steps the caregiver is taking are reducing the concern.
b. Yes	The caregiver's action to protect the child from the effects of their mental health has significantly reduced the concern. Examples include but are not limited to the following. • The caregiver is engaging in treatment for their mental health, AND this has begun to reduce either the severity or number of symptoms that interfere with their ability to care for the child. • The caregiver has told multiple members of their community (family, friends, etc.) about their mental health and is seeking their assistance in caring for the child at needed times.
4. Do the caregiver's unique needs warrant additional resources to respond to the concern?	
a. Yes	The caregiver has difficulty navigating or understanding how to access needed resources without additional assistance. For example, the caregiver has difficulty communicating about and accessing services due to differences in language, social, or learning abilities.
b. No	The caregiver has the information and resources accessible and available to them to make choices about their child's care.

CONCERN ABOUT A CAREGIVER'S SUBSTANCE USE



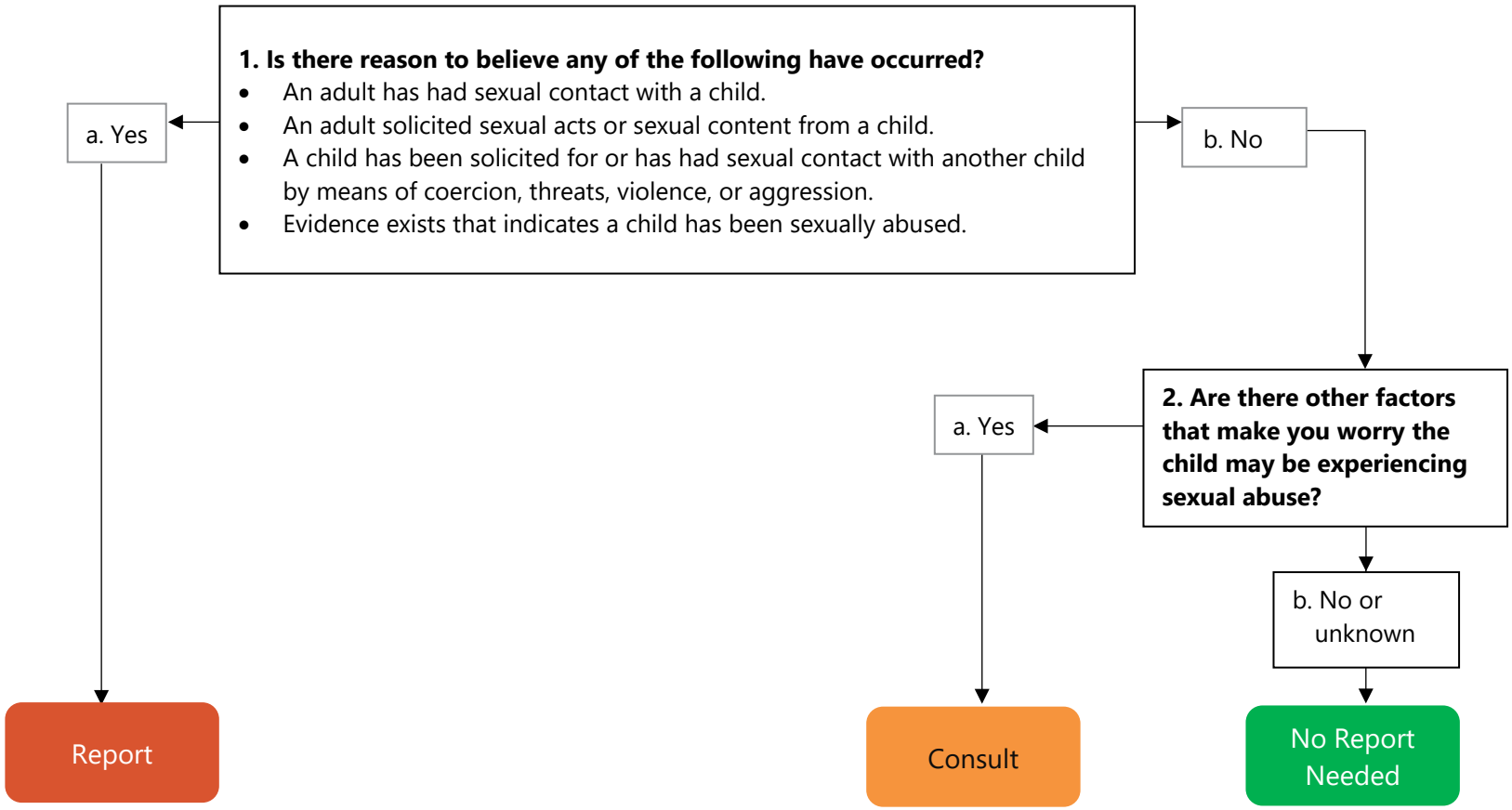
1. Which best describes your concern?	
a. An infant is experiencing withdrawal or medical complications due to substance exposure.	An infant was born experiencing effects of substance exposure such as withdrawal, features of Fetal Alcohol Syndrome (FASD), Neonatal Abstinence Syndrome (NAS), or other medical complications. OR an infant is experiencing effects of substance exposure resulting from breastfeeding, "Substance" refers to alcohol; any illegal substance; and, when not used as prescribed or directed, any prescription or over-the-counter substance. Examples include but are not limited to the following. • A birthing parent or infant has withdrawal symptoms, such as tremors. • The infant is born with facial characteristics consistent with fetal alcohol spectrum disorders (FASD). • Medical complications caused by substance use during pregnancy have occurred.
b. The caregiver appears to be using alcohol or substances in a way that puts a child in imminent danger of serious harm.	A caregiver appears to be using alcohol or substances; AND, as a result, the child's imminent safety is threatened. Examples include but are not limited to the following. • Caregiver is distracted or unavailable as a result of substance use; and a young child has left the home, is playing in a road, or is outside without supervision. • Caregiver is distracted or unavailable as a result of substance use and is leaving those substances in a place where a child can easily access them. • Caregiver is using substances and becomes angry, strikes a child, or credibly threatens serious harm to the child. • Child is exposed to substances such as methamphetamine or crack cocaine; or to the sale or manufacturing of such a substance. • Caregiver leaves substances unattended, accessible to the child. • Caregiver drives under the influence with child in the car. • Caregiver routinely co-sleeps with child age 1 or younger while intoxicated or high.
c. The caregiver appears to be using alcohol or substances and is unable to meet a child's needs.	A caregiver appears to be using alcohol or substances; AND, as a result, the child has regular and critical unmet needs. Examples include but are not limited to the following. • Caregiver is distracted or unavailable as a result of substance use, and the child is regularly going without food or shelter. • Caregiver is distracted or unavailable as a result of substance use, and the child is no longer getting the education they need or are required to.
d. The caregiver appears to be using alcohol or substances, and a	A caregiver appears to be using alcohol or substances; AND, as a result, the child is showing some emotional, behavioral, or social harmful impact. Examples include but are not limited to the following.

child is showing signs of behavioral or emotional distress.	• Caregiver is distracted or unavailable as a result of substance use, and child shows signs of excessive fear or anxiety. • Caregiver is distracted or unavailable as a result of substance use, and child is isolated and withdrawing contact from friends or family.
e. The caregiver appears to be using alcohol or substances; however, they are able to meet the child's basic needs.	A caregiver appears to be using alcohol or substances, AND all signs indicate that the child is experiencing minimal to no impact. All of the child's critical needs are regularly met. Examples include but are not limited to the following. • A caregiver has been seen affected by substances at some point; however, the child directly reports that they regularly are fed and clothed, and they are showing no signs of emotional distress. • A caregiver has been seen affected by substances at some point; however, another caregiver in the home says they are aware of the substance use and able to ensure the child's needs are met.
f. The caregiver has a history of severe alcohol or substance use and is showing warning signs that they may begin using again.	A caregiver has an extensive and severe history of using alcohol or substances AND is showing signs that they may begin using again. An example would be a caregiver who has shared that they have a long history of substance use and indicates they are beginning to think about or seek substances again.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not seeking assistance for the concern despite having access to resources.	The caregiver is taking no steps to keep the child protected from the effects of their substance use. Examples include but are not limited to the following. • A caregiver is so impacted by their substance use that they cannot create a plan to keep the child safe. • When discussing substance use with others, a caregiver minimizes the impact of their substance use on the child.
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	The caregiver is attempting to keep the child safe from being impacted by the substance use; however, this is not effective because the caregiver lacks important knowledge or assistance from others. Examples include but are not limited to the following. • A caregiver is isolated from family, friends, or community and therefore cannot create an effective safety or support system for their child. • A caregiver is willing but unsure of how to protect their child from being impacted by their substance use. • While the caregiver is seeking additional support services, they are unable to obtain support due to long wait lists, lack of insurance, lack of transportation, or other barriers.

c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	The caregiver has demonstrated through their actions that they can keep the child safe and protected from their substance use. Examples include but are not limited to the following. • Together with other adults and older adolescent children, the caregiver has created a safety or support system for their child to keep the child safe if the caregiver knows they are at risk of using substances. • The caregiver always makes a plan for another adult to watch a child before they use substances. • The caregiver is actively seeking treatment for their substance use.
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	Despite the caregiver making efforts to keep the child safe, the child continues to be impacted in some ways by the caregiver's substance use. Examples include but are not limited to the following. • The caregiver is actively seeking treatment for the substance use; however, it is early in their treatment, and little to no behavioral change has been seen. The child continues to have important needs unmet. • The caregiver has made a plan to keep the child safe and separated from them when they use substances; however, the caregiver cannot always or does not always follow the plan. OR It is not clear whether the steps the caregiver is taking are reducing the concern.
b. Yes	The caregiver's actions to protect the child from being impacted by their substance use have significantly reduced the concern. Examples include but are not limited to the following. • The caregiver is actively seeking treatment for their substance use; AND caregiver either has begun to decrease use and/or has a harm-reduction plan that is working. • The caregiver has told multiple members of their community (family, friends, etc.) about their substance use and is actively seeking their assistance in caring for the child at needed times.
4. Do the caregiver's unique needs warrant additional resources to respond to the concern?	

a. Yes	The caregiver has difficulty navigating or understanding how to access needed resources without additional assistance. For example, the caregiver has difficulty communicating about and accessing services due to differences in language, social, or learning abilities.
b. No	The caregiver has the information and resources accessible and available to them to make choices about their child's care.

CONCERN ABOUT THE SEXUAL ABUSE OF A CHILD

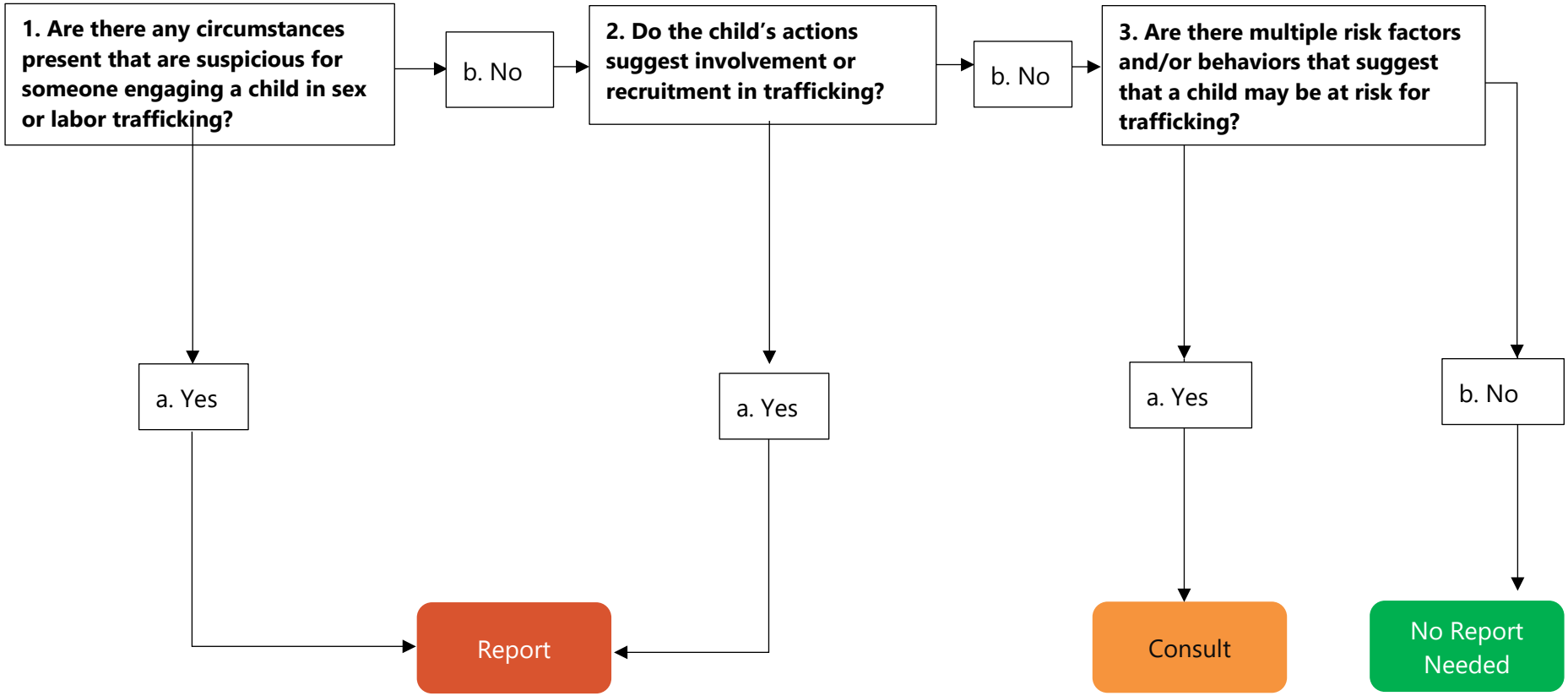


1. Is there reason to believe any of the following have occurred? • An adult has had sexual contact with a child. • An adult solicited sexual acts or sexual content from a child. • A child has been solicited for or has had sexual contact with another child by means of coercion, threats, violence, or aggression. • Evidence exists that indicates a child has been sexually abused.	
a. Yes	<u>An adult has had sexual contact with a child</u>. Child clearly indicated to any person that they were touched in the genital area, chest, or buttocks by an adult or any part of an adult's body OR engaged in touching the genital area, chest, or buttocks of an adult with any part of the child's body. This also includes but is not limited to the following. • Adult had a child display or touch their own genitals for the purposes of sexual stimulation. • Adult had child observe pornography, observe adult sexual activity with others, or observe the adults displaying their own genitals. • Adult engaged a child in any behaviors for the purposes of sexual stimulation. • Child disclosed an incident of sexual abuse either past or ongoing, with or without identifying the perpetrator. **Practice Guidance** The age of consent in New Hampshire is 16 years old. If a 16-year-old has consensual sex with an adult, it is not a reportable situation. Sex or sexual contact is not consensual if the adult is in a position of authority over the child. (i.e., child's teacher, doctor, boss). <u>An adult solicited sexual acts or sexual content from a child</u>. Child clearly indicated to any person that an adult attempted to engage in sexual contact or obtain sexual content from them. This also includes but is not limited to the following. • Adult caused child to dress or act in a sexual way; or adult communicated with child in a sexual way. • Child disclosed grooming behavior by an adult such as the adult describing the child in sexualized ways, or prolonged hugging or kissing. • Email, text, or other proof exists of adult soliciting pictures of child's body. <u>A child has been solicited for or has had sexual contact with another child by means of coercion, threats, violence, or aggression</u>. A child has used manipulation or force to engage in sexual contact with another child. Examples include but are not limited to the following. • A child engages in sexual contact or acts with a child who is much younger (for example, ages 12 and 6). • Two children force a third child to engage in sexual contact via bullying. • A child bullies a peer into a sexual act by threatening to tell on them. • A child touches the private area of a child with diminished mental or physical capacity. This does not include consensual exploration between two children of similar age and mental capacity.

	Evidence exists that indicates a child has been sexually abused. Factors exist that suggest a child has been sexually abused even though the child has not made a disclosure. Examples include but are not limited to the following. • Pregnancy of child 15 years old or younger • Genital trauma with no known nonsexual cause • Sexually transmitted infection with no known nonsexual cause • Someone who has a history of sexual offending behavior or conviction related to sexual abuse of children(based on disclosure by family members or other significant people, including social service professionals) is engaging in grooming behaviors with the child. Grooming is when an adult manipulates or coerces a child to trust them so they engage in sexual conduct with them • Disclosure by family members or other significant people, including social service professionals, that someone is engaging in grooming behaviors with the child. Grooming is when an adult manipulates or coerces a child to trust them so they engage in sexual conduct with them. **Practice Guidance** For nonverbal children who cannot provide a statement, be mindful of nonverbal indicators of possible sexual victimization. Examples include but are not limited to: • Irrational fear of caregiver or other household member; or • Unexplained anxiety in child related to a specific person.
b. No	No clear evidence exists that the child was sexually abused by an adult or another child. Examples include but are not limited to the following. • Child made statements that included words such as "secret" or "touch" used in general ways, and no other basis exists to conclude that these words are related to sexual abuse. • Child is at times in contact with an individual who has a history of sexual offending, AND child has no indicators of sexual abuse, AND known sex offender's behavior with or around child is not inappropriate or concerning.
2. Are there other factors that make you worry the child may be experiencing sexual abuse?	
a. Yes	No clear evidence exists that the child was sexually abused by an adult or another child; however, you have strong reason to be concerned.
	Practice Guidance Children may not always disclose sexual abuse. Instead, you may notice physical or emotional signs or changes in a child's behavior. Some children who have experienced sexual abuse may show signs, and some might not show any signs at all. If a child shows one or more of the signs listed, it doesn't necessarily mean they've experienced sexual abuse. A child's behavior can change for many reasons outside of sexual abuse. It is important to consider these signs in combination with other facts that support your worry.

	Factors that may be indicators of sexual abuse include but are not limited to the following. Physical • Swelling or redness in genital area • Pain when going to the bathroom • Bruises on parts of the body such as buttocks and thighs • Abnormal discharge Emotional • Seems scared or shows signs of anxiety/depression • Is more distant than usual • Cries for no obvious reason • Dissociation Behavioral • New onset of bedwetting or fecal soiling in a previously toilet-trained child. • Leaves "clues" that seem likely to provoke a discussion about sexual issues, such as asking a questions like "Do kids have to keep secrets?" • Begins exhibiting adult-like sexual behaviors, language, and knowledge (e.g., 3-year-old simulating intercourse) • Starts having nightmares • Becomes clingy • New fears of a particular person, place, or characteristic of a person • Starts behaving like a younger child • Discomfort with physical touch • Unexplained changes in sleep or appetite
b. No or unknown	No signs exist, considered with the known details, that lead you to worry a child has been sexually abused. OR It is unknown if the child is showing signs of sexual abuse.

CONCERN ABOUT THE TRAFFICKING OF A CHILD (SEX OR LABOR)



1. Are there any circumstances present that are suspicious for someone engaging a child in sex or labor trafficking?	
a. Yes	A person intentionally recruits, harbors, transports, provides, or obtains a child for the purpose of labor or sex. Human trafficking involves the use of force, fraud, or coercion to obtain some type of labor or sexual act. A person engages or has engaged a child in sexual acts or labor in exchange for anything of value, such as drugs, food, shelter, medication, protection, gifts, travel, or money. Examples of force, fraud, or coercion include but are not limited to the following. • Uses any process (scheme, plan, grooming), whether overt or subtle, intended to cause the child to believe they needed to comply with an expectation for labor or services, sex acts, or sexually explicit performances. • Takes away the child's identification card, passport, or other legal papers for identification to prevent child from leaving. • Threatens, causes physical harm to, or physically restrains the child or another person if the child does not comply. • Threatens to reveal any information sought to be kept concealed if the child does not comply. • Child is groomed or contacted by a person who is known to be involved with trafficking or who is suspected of trafficking. Grooming is defined as someone building a relationship, including trust and emotional connection, with a child so they can manipulate, exploit, and abuse them. • Makes false promises for sex, labor, education, marriage, or financial support. Possible indicators of sex trafficking include but are not limited to the following. • A person posts sexually explicit materials (e.g., photos, videos) of the child on the internet or social media in exchange for anything of value. • Child has tattoos, scarring, or branding that indicate being treated as someone's property. • Law enforcement arrested one or more persons for labor or sex trafficking, AND child was in the company of the person at the time of the arrest or is known to have been with arrested person in ways that suggest child was being trafficked. • Child makes money or is required to earn a quota for someone such as a "controller," "manager," "boyfriend," "pimp," "daddy," "sugar mama/daddy," or "auntie." Possible indicators of labor trafficking include but are not limited to the following. • Child is confined or held in servitude in satisfaction of a debt owed. • Homeless youth forced to sell drugs or other goods in exchange for shelter, clothing, or meeting of basic needs. • Child appears to be in the custody of a non–family member or extended family member and is forced to perform work for that person's benefit or in exchange for care. • Child is forced to participate in peddling, grifting, or other schemes for the benefit of a caregiver or other adult.
b. No	None of the above are happening or recently happened, but you still have a concern about the child being trafficked.

2. Do the child's actions suggest involvement or recruitment in trafficking?	
a. Yes	**A child's actions suggest involvement or recruitment by a person involved in trafficking.** Child is showing behaviors that suggest involvement in situations suspicious for trafficking. Examples include but are not limited to the following. • Child's search history, cell phone records, or social media posts suggest that child is being solicited or engaged in sex acts in exchange for anything of value. • Child receives or has access to unexplained means, such as large amounts of money, credit cards, hotel keys, gifts, drugs, or cars. • Child uses language or makes indirect statements that highly suggest they are being taken advantage of by someone or a group of people in order for that person or group to profit from them. • Child engages in sexual activity, relationships, or labor that involve coercion, bribery, threats, or violence. • Child engages in sexual activity with someone significantly older or an adult. • Child has significant contact or a relationship with a person known to be involved in trafficking. The following adolescent behaviors do not indicate exploitation and should not be reasons for selecting this item. • Teens who are similar in age and mental development sending nude pictures or sexually explicit texts to each other • Cyber bullying • Teens posting social media content that is not associated with a fee
b. No	None of the above are happening or recently happened, but you still have a concern about the child being trafficked.
3. Are there multiple risk factors and/or behaviors that suggest that a child may be at risk for trafficking?	
a. Yes	Multiple risk factors and/or behaviors exist that, when considered together, suggest that a child may be being trafficked. Examples include but are not limited to the following. • Child experiences a significant lack of supervision, is isolated, or runs away for extended periods of time. • Child has repeated or otherwise concerning testing or treatment for pregnancy or sexually transmitted infections. • Child has had a significant change in appearance (e.g., dress, hygiene, weight). • Child has unhealthy or inappropriate romantic relationships that cause physical or emotional harm or that place them at risk of victimization. • Child has a history of being exploited or trafficked. The following adolescent behaviors do not indicate exploitation. • Peers by age and mental capacity sending nude pictures or sexually explicit texts to each other. • Cyber bullying • Teens posting social media content that is not associated with a fee

	Practice Guidance Some young people are more vulnerable to being trafficked than others. Some populations are often targeted by those seeking to traffic. Examples include but are not limited to the following. • Children • Unhoused youth • People experiencing poverty • Refugees or migrant workers • Undocumented immigrants • People with substance abuse disorders • Survivors of other forms of violence • LGBTQIA people • People with disabilities • People with previous foster care or youth detention involvement
No	None of the above are true.

GLOSSARY

Child

A minor under the age of 18.

DCYF

The Division for Children, Youth and Families (DCYF) manages protective programs on behalf of New Hampshire's children and youth and their families. Child protection is one department within DCYF.

Household

PRACTICE GUIDANCE
When a child's legal parents do not reside together, the child is a part of two households: one for each legal parent. Regardless of the proportion of time a child spends with each legal parent, the child is considered part of that legal parent's household while with that parent.

A group of people, including the child, who live together and function as a family unit (e.g., share meals, spend time together, participate in caregiving responsibilities).

A *non-resident is* a household member if they have a familial or intimate relationship with an adult living with the child AND have significant in-home contact with the child.

A *resident is not* a household member if they function separately from the child (e.g., a tenant in the residence who does not spend time with the child) or are paid staff.

Domestic violence

Domestic violence is violent or aggressive behavior within the home, typically involving the violent abuse of a spouse or partner.

Injury

An umbrella term describing any physical injury. Injuries are sometimes further defined based on severity. While injuries fall on a continuous spectrum, the following terms help to define specific levels of severity.

*Min*imal

Superficial injury to a child's body that is not on the trunk, neck, or head. There may be brief, mild pain such as stinging. There may be a small mark such as a slight scratch, transient redness, or slight bruising. If the child is under age 2, all injuries are considered significant, not minimal, even if they meet the first part of the definition for "minimal."

*Significan*t

All injuries that are not minimal.

Caregiver

Child's caregiver is one of the following.

- Custodial parent (whether living in the home or not)
- Legal guardian
- Stepparent
- Other adults in the household who provide care and supervision for child (other than paid care providers)
- Intimate partners of a parent even if they do not live in the home

Not included:

- Minor who is not a biological parent
- Adult not living in the child's home
- Paid care provider such as babysitter or nanny

APPENDIX: EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS

Note: The following table is a general guide to consider what appropriate supervision needs children may have. Consider the specific child you are concerned about, and their individual needs and developmental level and abilities, when making your final decision.

EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS	
OLDEST CHILD'S AGE OR DEVELOPMENTAL EQUIVALENT	**SAFE CIRCUMSTANCES**
Child with a disability	Assess safety based on the specific needs regarding the child's disability.
0–3	A child of this age should not be left alone without adult supervision for any length of time unless the child is clearly in a safe situation (e.g., sleeping, safely playing indoors). Caregivers should keep visual observation with minimal interruption, other than times child is asleep or clearly in a safe situation (e.g., sleeping, safely playing indoors).
4–6	A child of this age should not be left without adult supervision for any length of time unless the child is clearly in a safe situation (e.g., sleeping, safely playing indoors). Caregiver supervision can become increasingly indirect, with the adult at least within range to hear the child. During waking hours, visual observation of child by a responsible adult should occur periodically. Visual observation may become less frequent if child is in a safe situation.
7–9	A child of this age may be left alone for up to about one hour if all of the following are true. • The environment is safe. • Child has demonstrated the ability to be left alone safely for shorter periods of time. • Child has demonstrated the ability to follow instructions when adult is nearby but not directly supervising child. • Child knows how to make emergency phone calls. • Child is not responsible for other children (multiple children may be together, but each is responsible only for themself). • Child is not a danger to self or others. AND • There is a backup responsible adult available to child who can be physically present within minutes if needed.

EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS	
OLDEST CHILD'S AGE OR DEVELOPMENTAL EQUIVALENT	**SAFE CIRCUMSTANCES**
10–12	A child of this age may be left alone for up to about two hours if all of the following are true. • The environment is safe. • Child has demonstrated the ability to be left alone safely for shorter periods of time. • Child knows how to manage emergencies. • Child has been given instructions and demonstrated the ability to follow instructions related to safety. • Child is responsible for other children only within their capability to watch over. • Child is not a danger to self or others. AND • There is a backup responsible adult available to child who is accessible, on call, and able to assist for periods of up to two hours.
13–15	A 13- to 15-year-old may be left alone for increasing lengths of time, up to about 24 hours, if all of the following are true. • The environment is safe. • Child has demonstrated ability to be left alone safely for shorter periods of time. • Child knows how to manage emergencies. • Child knows how to handle daily routines that occur during the time child is alone. • Child has been provided with meals they are capable of preparing. • Child has been given instructions and demonstrated ability to follow instructions related to safety. • Child is not a danger to self or others. AND • There is a backup responsible adult available to child who is accessible.
16–17	Assess safety based on child's capacity to live independently.