

State of Rhode Island and Providence Plantations

OFFICE OF THE CHILD ADVOCATE



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The Office of the Child Advocate is submitting the following written testimony in response to the proposed changes submitted by the Department of Children, Youth and Families to the Child Protective Services Regulations, 214-RICR-20-00-1 and the repeal of numerous existing regulations. In response, the Office of the Child Advocate would like to recommend the following changes to the proposed regulations.

1.5 Definitions

Recommended Change: The Office of the Child Advocate would recommend the addition of a clear definition of “medical neglect” as it is referenced within the regulations. We would recommend the use of the definition of medical neglect previously outlined in ***ERLID 6615***.

1.6 Reporting Child Abuse & Neglect

E. Medical Neglect: “Any person who has knowledge or suspicion of medical neglect or withholding of medical treatment from a child must report that information to the Hotline within one hour of learning this information.”

Recommended Change: Required turnaround time for reporting medical neglect to the Hotline has been changed from “immediately” to “within one hour.” Federal law (PL 98 457) uses phrasing “prompt”, while state (RIGL 40-11-3) dictates “immediately.” We believe the language should remain consistent with state law.

1.7 Criteria for Child Protective Services Investigation

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

Recommended Change: The criteria for a hospital alert as outlined above would not incorporate those individuals who have been confirmed to be using drugs during their pregnancy but may not have a prior, substantiated history of child abuse or neglect. The language should be expanded to include hospital alerts for drug use during pregnancy regardless of whether there is a prior substantiated history of child abuse or neglect. This will ensure that hospitals would be alerted to the use of drugs during pregnancy, know to test the child at birth, know to alert the Department when the child is born, and administer appropriate treatment for the child. This would provide the Department with a greater opportunity to provide necessary services in the beginning, plan for safety and develop appropriate plans for the family.

1.8 Response Priorities

1.8 (B)(1). Priority 1 Response: *"The CPS report must be processed for case assignment within thirty (30) minutes after the call is completed. The CPI must respond within four (4) hours of the report being received to CPS."*

Recommended Change: Although we understand the need to expand the response time from ten (10) minutes, the response time of four (4) hours for emergency situations is too long and in many circumstances could have a negative impact on the outcome of the case. For example, a case that would qualify as a priority 1 response would be a situation where the "family may flee or child may disappear". In this type of case, a four (4) hour response would be too lengthy and provide ample time for this to occur. The OCA would want to see a faster response time in these emergency situations we would suggest **one (1) hour**.

Recommended Change: Within the priority responses: There doesn't seem to be heightened "priority" for children with reduced protective factors, especially children under the age of 6. For example, cases that may be categorized as a priority response 2 but involves children with reduced protective capacity should be upgraded to priority 1 to ensure a timelier response.

1.8 (C)(1)(f) "Child death due to alleged child abuse or neglect/other children in family."

Recommended Change: We recommend that this include child death **OR** near death.

Recommended Change: We would suggest that a Priority 1 Response be administered for any notification of a child fatality or near fatality to ensure that the case is reviewed promptly to rule out any child abuse/neglect by a CPI.

1.13 Letters of Notification

Recommended Change: This section incorporates formerly procedural language from **ERLID 6610** or **Procedure from Policy 500.0085 Letters of Notification**. What has been incorporated in the new policy only contains Section B (1-2) which outlines the notification of investigation findings. There is information pertinent to the public in sections of the procedure that have not been incorporated. We would recommend incorporating Section (A) (1-3) of Policy 500.0085 and Section B (3) which discusses cases involving a minor perpetrator.

1.14 Family Assessment Response

Recommended Change: Presently, There are no timelines for the completion of a family assessment, with the exception of a face to face with the family within three (3) days. We would suggest a timeline for completion of the assessment to ensure that families are aligned with appropriate services or intervention in a timely manner.

Thank you for the opportunity to provide feedback regarding the proposed regulations. Please do not hesitate to contact us with any questions (401) 462-4300.

Sincerely,



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