ACT 136. PRENATAL ENGAGEMENT & FAMILY SUPPORT WORKING GROUP

The Study of the Department for Children & Families' current practice of using the High-Risk Pregnancy Calendar to monitor and track certain pregnant individuals in Vermont

Meeting #2 Handouts

August 27, 2026

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Framing: While the scenarios below have clips of actual intakes, focus on your questions about the process and practice of DCF's use of the calendar to track certain pregnant individuals, per Act. 136.

- What are your general impressions of the practice?
- Are there times the pregnancy calendar should, or should not, be used?
- What information is missing? What demographics are missing?
- What data is missing?
- How is DCF policy and state statute aligned or misaligned?
- What supports does your community have available for pregnant individuals families and what greater supports do they need?
- What alternatives or best practices can you identify or suggest?

Parking Lot: This space is for you. Add ideas, questions, solutions, and issues that you have that may not fit in anywhere else.

DCF Pregnancy Calendar Practice as Outlined and Understood

Created 8/27/2026

1. A report is made to the DCF hotline (Centralized Intake and Emergency Services “CIES”).
2. The report (intake) is reviewed by two supervisors who review the information to decide what to do. (Screen in or screen out.)
3. If the report has concerning information and the pregnant individual is not within 30-days of due date, the report number (Intake number) is added to the calendar (high-risk pregnancy calendar).
4. Pregnant individuals are not notified if the report (intake number) is put on the calendar.
5. The calendar shows when the report is within the 30-day window of the pregnant individual’s due date.
6. Two DCF Family Services supervisors re-review the report to decide if an assessment will begin. This is not the same as an investigation.

This process has been written to reduce “jargon” and technical language as much as possible. Items in parenthesis are the language often used by DCF Family Services and others working within the system.

Scenario 1: High-Risk Pregnancy Calendar Use Without Current DCF FSD Involvement

1. A report is made to the DCF hotline (Centralized Intake and Emergency Services "CIES").

- In October 2023, a report was made to the DCF hotline with concerns that a mom was providing "weed" or "THC vapes" to minors and allowing them to have parties in her home. The original narrative said mom is "often impaired" and "uses pills." Reporter did not identify what specific pills mom allegedly uses.
- The report narrative also said:

> **Reporter added that mom is currently pregnant. Reporter is unaware of mom's due date but said she's about half way/20 weeks along. This SFSW checked ACCESS and mom does not have a pregnancy screen. Based on information that mom is about 20 weeks along, estimated due date is 03/01/2024. Intake has been added to the high-risk pregnancy calendar for review 30 days prior to estimated due date.**

To Be Considered:

- What is ACCESS and what is it used for? What Department or Division is responsible for it?
- What is a pregnancy panel and what is it used for? What Department or Division is responsible for it?
- Why was mom placed on the calendar?
- Is DCF using the high-risk pregnancy calendar to "hold" a report for further intervention until it is within the timeframe of its jurisdiction?

2. The report (intake) is reviewed by two supervisors who review the information to decide what to do. (Screen in or screen out.)

REPORT ACCEPTANCE / RESPONSE PRIORITY	
Initial Acceptance Recommendation	**Not Accept**
Supervisor's Decision	**Not Accepted by** [redacted] **on 10/11/2023 at 11:49 AM** Does not meet criteria for Ch49 intervention. Details absent that caretaker placed youth at sig roh due to acts or omissions or provided youth with substances that resulted in impairment
Second Reviewer's Recommendation:	**Not Accepted by** [redacted] **on 10/11/2023 at 02:43 PM** Agree with rationale of first review.
Second Reviewer's Discretionary Overrides for:	

- Hotline supervisor and local district supervisor determined this intake does not meet criteria for a Chapter 49 intervention, also known as a child abuse/neglect investigation or assessment.
- The intake is "not accepted," also known as, "screened out" on the same date it was entered.

3. If the report has concerning information and the pregnant individual is not within 30-days of due date, the report number (Intake number) is added to the calendar (high-risk pregnancy calendar).

- This report noted concerns of financial stress and alleged substance abuse/use by mom.
- The decision to place a pregnant individual on the calendar can be noted in the report/intake narrative and/or in the screening decision.

Contributing Family Factors **Substance Abuse** **Financial Stress**	Description of contributing family factors: ***None entered***
Contributing Child Factors **Substance Abuse**	Description of contributing child factors: ***None entered***
Do you have concerns for the immediate safety of the child? **No**	Describe: ***No details entered***
Does alleged perpetrator have access to child? **Don't know**	
Is domestic violence or substance use/abuse an immediate concern? **Substance Abuse**	
Is the NON-perpetrating caretaker's response protective of the child? **Don't know**	
Is the child saying he/she is afraid to go home? **No**	

4. **Pregnant individuals are not notified if the report (intake number) is put on the calendar.**

5. **The calendar shows when the report is within the 30-day window of the pregnant individual's due date.**

- A new intake was added February 2024. The beginning of the report narrative states:

> **Please note this intake is being re-entered from the high risk pregnancy calendar to capture concerns for the unborn child. Original intake #[redacted] entered on 10/11/23, by SFSW [redacted]**
>
> **ACCESS has been re-checked. No pregnancy panel found to confirm due date.**

To Be Considered:

- What is ACCESS and what is it used for? What Department or Division is responsible for it?
- What is a pregnancy panel and what is it used for? What Department or Division is responsible for it?
- Why does the report need to be reentered?
- How does one report entered twice contribute to Vermont consistently having the highest rate of "calls to the hotline" nationwide?

6. **Two DCF Family Services Division (FSD) supervisors re-review the report to decide if an assessment will begin. This is different than an investigation.**

REPORT ACCEPTANCE / RESPONSE PRIORITY	
Initial Acceptance Recommendation	**Not Accept**
Supervisor's Decision	**Not Accepted by [redacted] on 02/01/2024 at 02:22 PM** Information does not meet criteria for a Chp. 49 intervention as the child has not yet been born. Information does not meet criteria for a CHINS B intervention absent detail to indicate illicit substance use within the third trimester or a significant history with the department.
Second Reviewer's Recommendation:	**Not Accepted by [redacted] on 02/01/2024 at 04:28 PM** Agreed.
Second Reviewer's Discretionary Overrides for:	

- The hotline supervisor finds the report does not meet criteria for a Chapter 49 intervention, which includes Chapter 49 Assessment and Chapter 49 Investigation.

- The hotline supervisor also notes it does not meet criteria for a CHINS B assessment because there is no details of substance use in the 3rd trimester.
- The lack of "significant history with the department" is also used as a rationale to screen out.

To Be Considered:

- Should history with the Department be a consideration for placement on the High-Risk Pregnancy Calendar or initiating a new intervention?
- What is the difference between a Chapter 49 intervention, a CHINS B assessment, and a Chapter 51 or JPA Assessment?

Scenario 2: High-Risk Pregnancy Calendar Use <u>With</u> Current DCF FSD Involvement

1. A report is made to the DCF hotline (Centralized Intake and Emergency Services "CIES").

- In February 2024, a Family Services Worker (FSW) called the hotline to make a report that a mom on a current case was pregnant. The FSW was assigned an open "CS" case with the family. In other words, there was court oversight and the children were with one of their parents. This can also be described as an in-home case with court involvement.

Reporter is the FSW that works with [redacted] who has an open support case with reporter

- The report narrative noted the reasons for concerns are mom's mental health and an older child currently in DCF custody but residing with their father.

Contributing Family Factors **Mental Health Issues**	Description of contributing family factors: **mother has mental health issues but reporter did not know her specific dx**
Contributing Child Factors ***None entered***	Description of contributing child factors: **unknown**
Do you have concerns for the immediate safety of the child? **No**	Describe: ***No details entered***
Does alleged perpetrator have access to child? **Yes, within 24 hours**	

- There were no allegations of substance misuse.

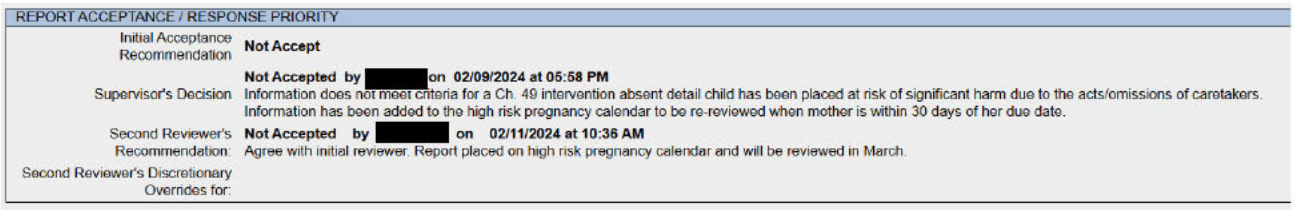
Is domestic violence or substance use/abuse an immediate concern? **No**

To Be Considered:

- Should a hotline report be made on a pregnant individual if there is open and current DCF involvement?
- Is this practice reasonable for new pregnancies in open cases?
- Could the assigned worker and family identify community supports and programs to prevent another call to the hotline?
- What roles could a protective father play in this scenario?

2. The report (intake) is reviewed by two supervisors who review the information to decide what to do. (Screen in or screen out.)

- The hotline supervisor and local district supervisor screened the intake out on 2/9/2024 and 2/11/2024. These means the report was "Not Accepted."
- They both agreed that the information did not meet criteria for any Chapter 49 intervention but there were enough concerns in the report to add the report number to the calendar.



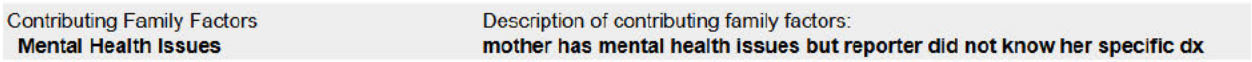
REPORT ACCEPTANCE / RESPONSE PRIORITY	
Initial Acceptance Recommendation	**Not Accept**
Supervisor's Decision	**Not Accepted by [redacted] on 02/09/2024 at 05:58 PM** Information does not meet criteria for a Ch. 49 intervention absent detail child has been placed at risk of significant harm due to the acts/omissions of caretakers. Information has been added to the high risk pregnancy calendar to be re-reviewed when mother is within 30 days of her due date.
Second Reviewer's Recommendation:	**Not Accepted by [redacted] on 02/11/2024 at 10:36 AM** Agree with initial reviewer. Report placed on high risk pregnancy calendar and will be reviewed in March.
Second Reviewer's Discretionary Overrides for:	

To Be Considered:

- If the report does not meet Chapter 49 criteria for acceptance, what statute or law is DCF relying on to place report numbers on a calendar to track the due date of certain pregnant individuals?

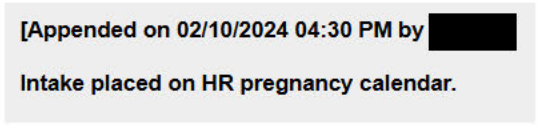
3. If the report has concerning information and the pregnant individual is not within 30-days of due date, the report number (Intake number) is added to the calendar (high-risk pregnancy calendar).

- Current involvement for an older child and mental health concerns of mom were the reasons to add the report number to the calendar. No substance misuse was noted.



Contributing Family Factors	Description of contributing family factors:
Mental Health Issues	**mother has mental health issues but reporter did not know her specific dx**

- This report narrative was appended on 2/10/24, meaning additional information was added to the body of the report, noting the report was placed on the High-Risk Pregnancy Calendar.



[Appended on 02/10/2024 04:30 PM by [redacted]

Intake placed on HR pregnancy calendar.

4. **Pregnant individuals are not notified if the report (intake number) is put on the calendar.**

5. **The calendar shows when the report is within the 30-day window of the pregnant individual's due date.**

- The report was re-entered on 3/5/2024 with the same narrative from the initial 2/9/2024 report. There was the added introduction below:

> **Please note this intake is being re-entered due to placement on the high risk pregnancy calendar. Original intake #[redacted] entered by FSW [redacted]**
>
> **ACCESS has been checked with no active benefits found for Mom[redacted] No pregnancy panel found to confirm due date.**
>
> **Original Narrative is as follows:**

- This practice generates a new intake number. Most reports added to the High-Risk Pregnancy Calendar will be entered twice.

To be Considered:

- What is ACCESS and what is it used for? What Department or Division is responsible for it?
- What is a pregnancy panel and what is it used for? What Department or Division is responsible for it?
- Why does the report need to be reentered?
- How does one report entered twice contribute to Vermont consistently having the highest rate of "calls to the hotline" nationwide?

6. **Two DCF Family Services Division (FSD) supervisors re-review the report to decide if an assessment will begin. This is different than an investigation.**

Supervisor's Decision	**Not Accepted by [redacted] on 03/05/2024 at 11:15 AM** Information does not meet criteria for a Chp. 49 intervention absent detail to indicate that the children have been placed at significant risk of harm. Information does not meet criteria for a CHINS B assessment (regarding unborn child) due to current open case. District may consider CHINS B acceptance upon second read based on current case status.
Second Reviewer's Recommendation:	**Accepted by [redacted] on 03/06/2024 at 10:16 AM** While the department has an open CS case, it is to close immediately after the judge files a decision. Mother currently has no visits with her other 2 children. Department needs to assess mother's capacity for a newborn. Mother has extensive mental health concerns.
Second Reviewer's Discretionary Overrides for:	**CHINS(B)**

- This re-entered report was screened out (or not accepted) by hotline supervisor.
- The local district supervisor screened in (or accepted) the report. They note there was an open "CS" case which is an in-home case with court involvement.
- The report was accepted for a CHINS(B) assessment.

- In the approved a case determination (where DCF is describing their assessment findings), the supervisor's decision is to file a CHINS petition with the court in April 2024 for the baby.

To be Considered:

- What impact did the use of pregnancy calendar have on continued DCF involvement with the family? The case determination reads:

"DCF filed a CHINS petition on 4/8/24 and an ECO was granted by Judge XXXX. On 4/9/24 Judge XXXX granted a CCO to [child's] presumed father.... The family's case will remain open through the front end FSW..."

- The assigned Family Services Worker was also the original reporter. Is it consistent practice for FSWs to report all pregnant individuals on all open cases? Does this practice vary from district to district?
- How is the practice presented to court? How is it documented to the judiciary so parties and attorneys are aware of its practice? Would it change their findings and orders?
- In this case a Temporary Care Hearing was scheduled for 4/9/2024. Here is an excerpt from the affidavit related to this report:

The report was added to DCF's high risk pregnancy calendar, to be reviewed within 30 days of the baby's due date. On 03/05/24 the report was re-assessed and accepted by the [redacted] district as a CHINS B assessment, due to concerns for mother's capacity to care for a newborn and mother's extensive mental health struggles. This was assigned to me on 03/06/24.

Scenario 3: Multi-Disciplinary Team (MDT) Involvement & Response

1. A report is made to the DCF hotline (Centralized Intake and Emergency Services "CIES").

- In January 2022, a Resource Coordinator with FSD called in a report alleging a pregnant individual was due to deliver on 2/17/22 by C-Section and "has been abusing substances throughout the pregnancy." The pregnant individual was a part of a local clinic within the hub and spoke model of treatment. Information was added or "appended" to the report later that same, initial report date, which quoted notes from a multidisciplinary team (MDT) meeting. "MAT...good attendance so far...DCF open?"

> **FSS will outreach to [redacted]at CC to encourage a report of additional information, as mother is 30 days within her due date and parents would benefit from providing intervention as early as possible.**

- The intake was added/appended with more information from the clinic:

> **PC with [redacted]at CC (under the protection of [redacted] which mom had signed ROI for and is within 30 days of EDD). [redacted]noted that they have struggled to find the appropriate dosage for her methadone since she has been a patient, not uncommon during pregnancy. [redacted]acknowledged that mom has had "ongoing pos. drug screens" but that [redacted]believe [redacted]and her clinician [redacted]have a plan to call CIES together tomorrow.**

To be Considered:

- Can MDT meeting notes be used to report to the DCF hotline?
- Why did the third caller note there was an ROI or "release of information" on file from the MDT group to speak?
- A hotline worker did not add the last part of the information. Can a Family Services Supervisor (FSS) reach out to MDT members for additional information to add to an intake report when there is not yet an open DCF intervention?

2. **The report (intake) is reviewed by two supervisors who review the information to decide what to do. (Screen in or screen out.)**

   - The hotline supervisor initially screened out the report as "Not Accepted" at 2:28pm.
   - The same hotline supervisor then "Accepted" the report for a CHINS(B) Assessment at 5:05pm after the added information from the local district.

REPORT ACCEPTANCE / RESPONSE PRIORITY	
Initial Acceptance Recommendation	**Not Accept**
Supervisor's Decision	**Not Accepted by** [redacted] **on 01/27/2022 at 02:28 PM** Information does not meet criteria for chapter 49 intervention as child is unborn. Unclear what substances mother is using. Any further detail will be re reviewed.
Second Reviewer's Recommendation:	**Accepted by** [redacted] **on 01/27/2022 at 05:05 PM** additional information indicates that mother is actively using illicit substances, warrants assessment to ensure infant has safe and sober caretakers when born.
Second Reviewer's Discretionary Overrides for:	**CHINS(B)**
Social Worker Assigned to	[redacted] **on 01/28/2022 at 08:14 AM**
Accepted for:	Substance Abuse by Pregnant Women

To Be Considered:

- Can a report be screened twice by the same person?
- Are there any consequences for not screening intakes per policy?

3. **If the report has concerning information and the pregnant individual is not within 30-days of due date, the report number (Intake number) is added to the calendar (high-risk pregnancy calendar).**

   - There was no indication this individual was placed on the calendar given the time it was called into within DCF's identified jurisdiction for a Chapter 51 assessment.

4. **Pregnant individuals are not notified if the report (intake number) is put on the calendar.**

   - Does not apply to this scenario.

5. **The calendar shows when the report is within the 30-day window of the pregnant individual's due date.**

- The report was within 30-days of the pregnant person's due date and within the 3rd trimester of pregnancy with suspected substance use.

To Be Considered:

- Does this scenario show the MDT model works to support pregnant individuals?
- If this report had been made earlier in the pregnancy, before the 3rd trimester, should DCF have reached out to MDT members and substance use treatment clinics?
- If kin were involved, the pregnant individual was receiving consistent prenatal care, would you recommend doing anything differently?

6. **Two DCF Family Services Division (FSD) supervisors re-review the report to decide if an assessment will begin. This is different than an investigation.**

- This does not apply in this scenario. The original report was accepted for CHINS(B) assessment. The pregnant individual gave birth at the end of February 2023. Both the baby and pregnant individual tested positive for multiple substances.
- DCF was informed when the baby was set to be discharged.
- DCF filed a CHINS petition two days before the discharge date.
- An Emergency Care Order was signed by a Judge the same date as the CHINS request.

Policy & Statute Attachments

DCF Policies to Consider

Policy 52: 52 Child Safety Interventions – Investigations and Assessments

Policy 51: 51 Screening Reports of Child Abuse and Neglect

Policy 55: 55 Unaccepted Reports on Open Cases

Policy 69: Family Support Cases – Case Planning, Reassessment, Case Plan Updates, and Closure is currently under revision.

Policy 78: Purpose Assessing Expectant Parents and the Safety of Newborns on Open Cases

Vermont Statutes to Consider

Title 33 V.S.A. § 4900: Vermont Laws

Title 33 VSA § 5102: legislature.vermont.gov/statutes/section/33/051/05102

Title 33 V.S.A. § 5106: legislature.vermont.gov/statutes/section/33/051/05106

Purpose

To describe requirements for Centralized Intake and Emergency Services (CIES) staff in gathering thorough information to guide decision-making about report acceptance and support planning for child safety interventions; to provide guidance for the screening of reports of child abuse or neglect.

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Related Policies

Family Services Policy 50: Child Abuse and Neglect Definitions
Family Services Policy 52: Child Safety Interventions – Investigations and Assessments
Family Services Policy 60: Juvenile Proceedings Act – CHINS (C) and (D) Assessments

Policy

Documenting Reports of Alleged Child Abuse or Neglect

The division's focus on child safety requires that the CIES family services worker gather thorough information from the reporter about:

- the alleged abuse or neglect; and
- the family's circumstances, strengths, family resources and natural supports.

Thorough information allows for an accurate determination about accepting the report and about the immediacy of response. If accepted, it will allow the district supervisor and worker to plan a child safety intervention in a way that will minimize risk to the child and to the worker.

If the worker judges that a child may be in immediate jeopardy, they will immediately notify the supervisor.

The CIES family services worker will promptly enter all reports of abuse and neglect in the FSDNet intake module. Documentation of concerns about the same incident from different reporters may be appended and screened for acceptance for up to 30 days.

Allegations of Child Abuse or Neglect by Department Employees

If a reporter alleges child abuse or neglect perpetrated by a Department for Children and Families (DCF) employee, the CIES supervisor will immediately notify the director of operations or designee. If accepted under Chapter 49, the Secretary of Agency of Human Services will determine the appropriate unit to conduct the child safety intervention.

Allegations of Child Abuse or Neglect by Vermont State Police Employees

If a reporter alleges child abuse or neglect perpetrated by a Vermont State Police employee, the CIES supervisor shall immediately notify the Family Services Director of Operations or designee.

Screening Reports of Child Maltreatment

In child protective services, the division is challenged to promote the safety of children while respecting family integrity and the diversity of family values and lifestyles. The division does not investigate concerns about children's general conditions. There must be a valid allegation of harm or risk of harm to a child or youth caused by abuse or neglect as defined by 33 V.S.A. Chapter 49 or a pattern of concerns or reports suggesting a child may be in need of care and supervision as defined in 33 V.S.A. Chapter 51.

Special Considerations When Screening Reports for Sex Trafficking

All CIES staff should have a copy of the Sex Trafficking Information Sheet at their work station for reference. CIES staff are encouraged to ask the following question for every report received regarding sexual abuse allegations involving teenagers (ages 13 – 17):

> *"Do you believe this child/youth is being pressured or forced in any way to engage in sexual acts?"*

CIES may ask additional questions to determine the following:

- What are the youth's vulnerabilities? Is the youth being taken advantage of? How?
  - Vulnerabilities may include, but are not limited to: history of abuse or neglect, history of victimization, developmental delay(s), LGBTQ youth, history of running away, substance use, low self-esteem, desire to fit in with peers, anxiety, depression, or submissiveness.
- Does the youth have a history of running away or leaving the state with older "friends"?
- Where does the youth live? How do they provide for themselves?
- Does the youth have new and/or expensive possessions?
- Is the youth able to come and go as they please (as appropriate based on age and developmental level)?
- Is the youth afraid to leave, or afraid of someone in their home?
- Is anyone forcing the youth to do anything they don't want to do?
- Does the youth have an older "friend"?
- Does the youth have an online relationship with anyone?
- If living with a boyfriend or girlfriend, is sex exchanged for housing, food, or basic needs?
- Is the youth being pressured to have sex with anyone?
- Is the youth exchanging sex or sexual acts for anything?
- Is substance abuse a concern for the youth? Is someone providing the youth with substances or alcohol?

CIES staff shall alert the ICPC/ICJ deputy compact administrator of all cases where sex trafficking is known or suspected to have occurred.

Acceptance of Reports

The division shall determine whether to accept a report as soon as sufficient information is available to make that determination. Decisions are based on the information provided in the report, regardless of who provided the information and whether their identity is known. Prior reports and patterns of past and current allegations will be

considered when a report is screened (both the first screen and second screen) to inform acceptance.

A CIES supervisor makes the initial determination about report acceptance. Reports indicating that a child is in imminent danger will be screened immediately. All other reports will be screened by midnight on the day they are received. If not accepted by the CIES supervisor, a second person[1] will screen the report within 48 hours of the first screen.

On holidays occurring over long weekends, a second CIES supervisor will append the intake to indicate an additional review has occurred. A second screen will be completed by the district office after the holiday.

Second Screen of Reports

The purpose of the second screen of reports is to conduct a review independent of the first screen to determine whether the allegations meet criteria for acceptance, and to ensure a connection between the current allegation and local district knowledge of prior reports and past division involvement. Second reviewers shall conduct their own review of a report and should not feel bound by the first review.

The second reviewer will consider the family's child protection history and recent reports received (both accepted and unaccepted) about the family. Additionally, the second reviewer may consider whether the current report, when considered with past reports, indicates ongoing cumulative harm to the child(ren). Patterns which may contribute to an accumulation of harm include:

- Failure to provide (food, clothing, shelter, hygiene, medical care, dental care); or
- Lack of supervision (inadequate supervision, inappropriate supervision or caregiver, or unsafe environment).

If accepted by the second screener, a child safety intervention will commence within 72 hours of the receipt of the report. If the report was accepted based on further information received, the child safety intervention will commence within 72 hours of the receipt of that information.

Gathering Additional Information

At times, information in the report may be insufficient to justify report acceptance. If the supervisor believes that more relevant information may be available, they will assign

[1] A Senior Family Services Worker, Family Services Supervisor, or District Director. The Director of Operations, Sr. Policy & Operations Manager, or Policy & Operations Manager may also determine that a report is a valid allegation.

an intake worker to gather more information. This may include, in the case of second-hand reports, attempting to contact the original informant or other individuals who may have current and relevant information.

When a report indicates that the family may have had previous child protection involvement, the supervisor will assign an intake worker to attempt to gather more information about that involvement. Examples of involvement may include past investigations or assessments, open protective services cases or custody episodes.

The purpose of gathering additional information is to determine whether a report should be accepted and do not represent the commencement of a safety intervention. When a worker has been assigned to gather more information, the supervisor must establish and document clear tasks and deadlines to be met[2]. Any additional information gathered will be appended to the intake report.

Additional information may be added to the intake within 30 days of the initial report, and such information may be used to determine acceptance. Reports are available for appending and/or accepting with more information for 30 days. Once accepted, the investigation must be commenced per the response priority determined by the assigning supervisor.

Reporting to Law Enforcement and Receiving Assistance

In instances where reports are accepted, division staff frequently report to law enforcement and receive assistance as required by 33 V.S.A. § 4915(g) and described in Family Services Policy 52. Additionally, some **unaccepted reports** are required to be reported to law enforcement. It is typically the individual performing the second screen of the report who will report information to law enforcement; however, there may also be times when time-sensitive information is passed along to law enforcement by CIES.

Examples of unaccepted reports that must be reported to law enforcement include:

Situation:	Examples:
Physical assault of a minor by someone other than a caretaker resulting in serious bodily injury	Examples of serious bodily injury include, but are not limited to, a broken bone, the presence of multiple injuries, serious laceration, head injury, or any strangulation. Most bruises are not considered serious bodily injury. Bruises are considered serious injury when they entail substantial disfigurement (i.e., a “black eye” combined with swelling).

[2] This can be done in either the rationale for non-acceptance or appended to the intake report.

Situations dangerous to a child that do not involve a caretaker	Examples include, but are not limited to: • Youth involved with the buying/selling of illegal substances where a weapon is involved or there is a threat of violence against the youth; or • Youth involved in the smuggling of illegal substances in a manner that places the youth at risk; or • Youth involved with gang-related activity involving weapons or violence; or • Youth is making threats of targeted mass violence.

Additional information about the statutory requirements for reporting to law enforcement and receiving assistance are listed below.

33 V.S.A. § 4915(g) requires the department to report to and receive assistance from appropriate law enforcement in the following circumstances:

- Investigations of child sexual abuse by an alleged perpetrator 10 years of age or older;
- Investigations of serious physical abuse or neglect requiring emergency medical care, resulting in death, or likely to result in criminal charges;
- Situations potentially dangerous to the child or department worker; and
- An incident in which a child suffers:
    - Serious bodily injury by other than accidental means; and
    - Potential violations of:
        - lewd or lascivious conduct with child;
        - human trafficking;
        - sexual exploitation of children; and
        - sexual assault.

Determining Response Priority for Child Safety Interventions

All child safety interventions must be commenced within 72 hours. If multiple CSIs are received on the same day, the response priority is used to determine the order of response.

Jurisdiction Issues

The division shall respond to reports of child abuse or neglect when:

1. The alleged abuse or neglect (including risk of harm) occurred or is occurring in Vermont, or
2. The alleged abuse or neglect occurred out of state and the child is a resident of or is present in Vermont.

When the division has determined that a report is a valid allegation and the child or the alleged perpetrator or both do not live in Vermont, the division may respond in one of the following ways, as most appropriate to the situation. The supervisor who determines that an allegation is valid may decide to:

1. Open an investigation;
2. Open an assessment; or,
3. Notify a child welfare system and/or law enforcement agency in another jurisdiction of the need to respond, including coordinating a joint response with the other jurisdiction when indicated.

Allegations that a resident of Vermont sexually abused a child will always be accepted. The supervisor who determines that an allegation is valid will also always notify the child welfare system and/or law enforcement agency in the relevant other jurisdiction(s) of the allegation. When accepting these reports, if the child does not live in Vermont, the investigation will be assigned to the most appropriate district, based on:

1. Where the alleged perpetrator resides;
2. The law enforcement agency that is investigating; or,
3. If the child is temporarily in Vermont, their current location.

Allegations of Maltreatment of Children in Open Cases

When an assigned worker receives information that alleges abuse or neglect of a child in an open family support case, the worker will, as a mandated reporter, make a report to CIES.

If accepted, the child safety intervention will be conducted by a worker other than the assigned worker in close coordination with the assigned worker.

Criteria for Report Acceptance Under Chapter 49

A report will be accepted for a child safety intervention under the authority of Chapter 49 if the information in the intake report gives the supervisor determines that the child may be an abused or neglected child, defined as:

- "a child whose physical health, psychological growth and development or welfare is harmed or is at substantial risk of harm by the acts or omissions of his or her parent or other person responsible for the child's welfare; or
- a child who is sexually abused or at substantial risk of sexual abuse by any person"; or,
- a child who died as a result of physical abuse (33 V.S.A. §4912(2)(a)).

It is not necessary for all of the components required for substantiation to be present in a report for that report to accepted. The division will assume that any adult residing in the child's home serves in a parental role unless there is evidence to the contrary.

The following sections provide more specific guidance about accepting reports of certain types of child maltreatment.

1. Allegation is that a person responsible for the child's welfare caused the child to be abused or neglected, by other than accidental means:

Type of Allegation	Allegation
Physical Abuse	Physical injury or serious physical injury – see Policy 50 definitions. When the sole allegation is that the child has a mark caused by a person responsible for the child's welfare, but no other injury, the report will not be accepted unless the mark lasted for or appears likely to last for more than twenty-four hours. Historical reports of physical abuse of individuals who are still minors are accepted when there is evidence that might lead to a supportable determination. Such evidence may include, but is not limited to: scars or marks; old, healed, or healing injuries; or a child or youth's disclosure. The nature, recency, severity, and frequency of the alleged past abuse and the alleged perpetrator's current access to the child will be considered when screening the report.
Emotional Maltreatment	See Policy 50 definition. A pattern of behavior, malicious intent, and a negative impact on the child's functioning are present. The pattern does not have to be of the same behavior for the purpose of accepting the report for an investigation or assessment. Examples of such patterns of behaviors include, but are not limited to: • Ignoring the child, either physically or psychologically, by choosing to not respond to the child (e.g., refusing to look at the child or call the child by their name); • Rejecting the child by actively refusing to respond to their needs (e.g., refusing to touch a child, denying the needs of a child, ridiculing a child); • Confining or isolating the child for long periods of time or limiting the child's freedom of movement; • Verbally assaulting behavior which involves the constant belittling, berating, shaming, ridiculing, or threatening the child; or • Terrorizing the child through threats and bullying which creates a climate of fear for the child in the home.

Type of Allegation	Allegation
	Emotional maltreatment will be accepted when there is a pattern of behaviors as listed above, malice, and an observed negative impact on the child's functioning. Children with disabilities and LGBTQ children and youth are particularly vulnerable to emotional maltreatment and the above examples.
Neglect	See Policy 50 definition. Neglect causes actual or substantial risk of negative consequences to the child's health**.** Allegations of neglect may be based on a single issue or chronic concerns. The presence of poverty alone does not meet the Policy 50 definition of neglect. While poverty is a risk factor for neglect, poverty does not equate to neglect. Allegations suggesting financial inability to provide for a child is not neglect. Unless the child is in immediate danger, attempts will be made to gather information about efforts and willingness to access public benefits and other support to meet the child's needs. Most allegations of neglect are appropriate for the assessment track. Sometimes allegations of neglect pose an immediate danger for the child and warrant an investigation track. Examples include, but are not limited to: • Failure to seek medical treatment for a medical emergency; or • Exposure to extreme cold temperatures.
Abandonment	See Policy 50 definition.
Risk of Physical Harm	See Policy 50 definition. Examples of risk of harm include, but are not limited to: • DUI with children in the car in circumstances that suggest significant risk or danger of serious harm to the child; • Failure to provide age appropriate care and developmentally appropriate supervision when children are using or have access to firearms; • A firearm is discharged inside a home, by either an adult or child, when child(ren) are also in the home regardless of proximity. • Corporal punishment of a child under 1 years of age (no injury necessary) OR a child under the age 3 has experienced malicious punishment (with no physical injury resulting); • Incapacity, due to a mental or physical illness/condition or developmental disability, of providing age-appropriate supervision, and no other person is available to assist.

Type of Allegation	Allegation
	• The reporter has observed or a professional reports that a parent or caretaker has a current pattern of use of methamphetamine or the child has been exposed to methamphetamine production. • There is significant risk of serious physical harm to a child due to an incident of domestic violence (also commonly referred to as intimate partner violence) in the home. In considering whether a child is at significant risk, the following issues should be considered: o Past history of substantiation(s) or conviction(s) or reported history of child maltreatment. o Criminal history of domestic-violence related crimes. o Proximity of the children to the domestic violence as well as the nature of the violence or crime; including when a child physically intervenes in a domestic assault or is forced to participate in a domestic assault. o Use of weapons or objects that could cause harm in the presence of children in the context of domestic violence. Issues related to who is the dominant aggressor and whether the person is acting in self-defense will be taken into consideration as part of the case determination. o In the context of domestic violence, presence of direct threats (including verbal threats) of serious bodily injury or death to or regarding the child or other children of the family or in the household. Separate from the circumstances described above, the division shall accept a report when there is a death of a parent or caretaker as a result of domestic violence (DV)/intimate partner violence (IPV) unless there is another legal caretaker who was not the victim or perpetrator who can provide safety, care, and decision-making. Such DV/IPV homicide reports will be accepted regardless of: (1) the parentage of the child(ren) in relation to the partner who committed the homicide and (2) the child's location at the time of the incident. The division does not intervene in situations in which the sole concern is that parents or caretakers fail to: • Install smoke detectors; • Use car seats for young children; • Use seatbelts for children; • Ensure the use of bicycle or motorcycle helmets by children; • Ensure the child receives recommended immunizations;

Type of Allegation	Allegation
	• Ensure the child receives recommended newborn prophylaxis (Vitamin K, newborn hearing screen); • Failed to give prescribed medication which will not have serious health implications on the child (i.e., ADHD medications); or • The only allegation is that a child has witnessed or been exposed to domestic violence.

2. Any person is alleged to have sexually abused a child or caused a child to be a significant risk of sexual abuse.

   For allegations of lewd and lascivious conduct or sexual assault, the report should first be evaluated for elements of force, threat or coercion. If these are not present the screener should also consider whether there is a significant difference in age, size, or development.

Type of Allegation	Allegation
Child Pornography (Child Sexual Abuse Material or CSAM)	See Policy 50 definition.
Exploitation	See Policy 50 definition.
Incest	See Policy 50 definition.
Lewd and Lascivious Conduct	See Policy 50 definition.
Luring	See Policy 50 definition.
Obscenity	See Policy 50 definition.
Sexual Assault	See Policy 50 definition.
Voyeurism	See Policy 50 definition.

Type of Allegation	Allegation
Sex Trafficking of Minors	See Policy 50 definition. Further clarification includes situations where: • A child has been exploited through survival sex or child reports "consensual" participation in a sexual act (including the online trading of sexual images, videos, or content) **in exchange for** food, shelter, clothing, transportation, drugs, alcohol, money, status, promises, gender-affirming care, or any other item of value; • A child has been exploited through pornography, which is also known as child sexual abuse material/CSAM (excludes the exchange of images between mutually consenting minors) • A child has been exploited through sexual venues (i.e., peep shows, strip clubs) or other forms of the adult entertainment industry; • A child has been exploited through sex tourism, mail order bride trade, or forced marriage; • A child has been sexually exploited or has been recruited, enticed, harbored, transported, or obtained by someone for the purpose of sexual exploitation; • A child reports being forced or coerced into sexual activity for the monetary benefit of another person; • Photos or videos of the child have been posted on a website, social media, or through a subscription-based service advertising them as an adult, escort, or providing sexual services; or • A child is known to recruit their peers for sexual exploitation.
Risk of Sexual Abuse	See Policy 50 definition. A registered sex offender, person convicted for a sexual offense, person substantiated for sexually abusing a child or vulnerable adult, or a person with a sexual offending history residing with or spending unsupervised time with a child. Information known at the time of the intake about the offender's risk level and the caretaker's protectiveness will be considered in the screening process. A referral from an adult alleging they were sexually abused as a child will not be considered a valid allegation of sexual abuse of that person. The report may be accepted as an allegation of risk of sexual harm if the alleged perpetrator has current access to children. Information known at the time of the intake about the offender's risk level and the caretaker's protectiveness will be considered in the screening process.

Type of Allegation	Allegation
	If the alleged perpetrator was a child at the time of the past sexual abuse, the supervisor will exercise judgement based on the amount of time that has elapsed, the seriousness of the alleged conduct, and any subsequent history of sexual abuse or offenses by the actor.

Should the division be informed about repeated incidents of such child-to-child sexual abuse and it appears a caretaker has failed to attend to the child's needs; the allegations may be opened under medical neglect or risk of harm, or as a CHINS (B) Assessment.

Criteria for Report Acceptance Under Chapter 51

The division may conduct an assessment under the authority of 33 V.S.A. § 5106. The focus of the assessment is on whether a child may be in need of care and supervision (CHINS (B)). The division will conduct an assessment under the following circumstances:

Lack of Parental Capacity	A pattern of concerns, a single incident, history of violent behavior, or concerns about parental capacity that do not meet criteria for acceptance under 33 V.S.A. Chapter 49, but suggest that the child may be without proper parental care or subsistence, medical, or other care necessary for their well-being. This may include, but is not limited to: • Situations where the division becomes aware of prior child welfare court history, including previous relinquishment or termination of parental rights of another child; or • Situations where there is a previous substantiation for serious physical injury and the perpetrator is unknown or still in the home, and there is a pregnancy or new child. Additionally, situations where a woman is pregnant and either parent or caretaker has a substantial history with DCF. An assessment may begin approximately one month before the due date or sooner if medical findings indicate that the mother may deliver early.
Substance Abuse by Pregnant Women	A physician certifies or the mother admits to use of illegal substances, use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of her pregnancy. When there is an allegation that there is likely to be a serious threat to a child's health or safety due to the mother's substance abuse during pregnancy, intervention before a child's birth may assist the family to remediate the issues and avoid the need for DCF custody after the birth. Therefore, such assessments may begin approximately

	one month before the due date or sooner if medical findings indicate that the mother may deliver early. The division does not intervene in situations where the sole concern is a pregnant woman's use of marijuana.
Newborn Infant	• A newborn has a positive toxicology screen for illegal substances or prescription medication not prescribed to the patient or administered by a physician; OR • A newborn has been deemed by a medical professional to have Neonatal Abstinence Syndrome through NAS scoring as the result of maternal use of illegal substances or non-prescribed prescription medication; OR • A newborn has been deemed by a medical professional to have Fetal Alcohol Spectrum Disorder. The division does not intervene in situations where the sole concern is a newborn's prenatal exposure to marijuana.
Caretaker's Behaviors Suggesting a Child May Be Without Proper Parental Care	Allegations unable to be accepted for emotional maltreatment but suggest that the child may be without proper parental care. The allegation must: • Be chronic over time or situation; or • Be developmentally inappropriate or misdirected; or • Be well beyond community norms of acceptable parenting; or • Indicate the child is significantly compromised in a major life domain (mental health, health, social, etc.) The following examples, which must first meet the criteria above, include but are not limited to: • Ignoring the child, either physically or psychologically, by choosing to not respond to the child (e.g., refusing to look at the child or call the child by their name); • Rejecting the child by actively refusing to respond to their needs (e.g., refusing to touch a child, denying the needs of a child, ridiculing a child); • Confining or isolating the child for long periods of time or limiting the child's freedom of movement; • Verbally assaulting behavior which involves the constant belittling, berating, shaming, ridiculing, or threatening the child; or • Terrorizing the child through threats and bullying which creates a climate of fear for the child in the home. Terrorizing can include placing the child or the child's loved one (such as a sibling, pet, or toy) in a dangerous or chaotic situation, or placing rigid,

	unrealistic, or developmentally inappropriate expectations on the child with threats of harm if they are not met.
Educational Neglect	It is alleged that a parent or person responsible for a child's care knowingly fails to enroll a child in school or to provide education in accordance with 16 V.S.A. § 1121. Through the parent or caretaker's action or inaction, the child regularly fails to attend school. Educational neglect will be considered for children beginning at age six until the completion of the sixth grade, where the expectation is that the parent or caretaker is responsible for getting the child to school and the parent or caretaker's behavior has contributed to the child's lack of attendance. The parent is responsible for the child's attendance at a public school, an approved or recognized independent school, or a home study program for the full number of days for which that school is held, unless the child: ○ is mentally or physically unable to attend; or ○ has completed the tenth grade; or ○ is excused by the superintendent or a majority of the school directors; or ○ is enrolled in and attending a postsecondary school which is approved or accredited in Vermont or another state.

See Policy 60 for information on children and youth who are habitually truant.

Assignment to Investigation or Assessment Response

The division may conduct an investigation of any valid allegation. In making the decision about the whether to conduct an assessment or an investigation, the division shall consider the following factors when determining whether to respond with an investigation or an assessment response:

1. There is reason to believe that a child's safety will be jeopardized if parental permission cannot be obtained to interview the child.
2. The nature, severity, or chronicity of the abuse and extent of a child's injury, if any.
3. The alleged perpetrator's prior history of child abuse or neglect, including prior reports or child safety interventions.
4. To the extent known by the reporter, the alleged perpetrator's willingness and capability to accept responsibility for the conduct and engage in a plan of services.
5. Any strengths and formal and informal supports and/or resources that are available or exist within the family and community, including resources and supports for people with disabilities if relevant.

The supervisor who determines that an allegation is valid will determine if the case should be assigned for investigation or assessment.

Mandatory Investigation Track

The division's initial safety intervention shall be an investigation if it alleges substantial child endangerment, including but not limited to allegations that:

1. A child has been sexually abused by any adult.
2. A child is at risk of harm for sexual abuse by any adult.
3. The acts or omissions of a person responsible for a child's welfare resulted in child fatality.
4. A person responsible for a child's welfare:
   (a) abandoned the child;
   (b) maliciously punished the child;
   (c) physically abused a child under the age of 3, including shaking;
   (d) physically abused a child of any age who is non-verbal or non-ambulatory;
   (e) allowed a child to be exposed to methamphetamine production or pre-production.

Valid allegations involving the presence of multiple injuries should be assigned as an investigation response unless there is information that suggests the injuries occurred because of a single incident that did not include the use of malicious punishment and is not otherwise outlined above as requiring investigation response.

Valid allegations of child abuse and neglect within licensed and regulated facilities will be accepted for investigation if the alleged perpetrator is over the age of 10. See the following policies for additional information:

- Family Services Policy 222: Foster Care Interventions
- Family Services Policy 241: Residential Treatment Program Licensing and Interventions

Track Assignment for Accepted Reports of Sexual Abuse When Alleged Actor is Under Age 18

Age of Alleged Actor at the Time of the Abuse	Type of Child Safety Intervention
Age 5 and younger	CHINS (B) Assessment (usually focusing on actor's family)
Age 6 to 13	Chapter 49 Assessment
Age 14 and older	Chapter 49 Investigation

Supervisors may assign an accepted report to an investigation track if there are aggravating circumstances, the youth is being charged criminally, or there are a pattern of accepted reports regarding an alleged actor aged 13 and younger.

Accepted reports of child pornography (also commonly referred to as child sexual abuse material or CSAM) that involve the retransmission of images between minors, commonly referred to as "sexting", will generally be accepted as assessments when both of the involved parties are under the age of 18. If a child continues to repeatedly retransmit images after division involvement, the allegation may be viewed as aggravating circumstances and therefore accepted as an investigation.

Notification of Mandated Reporters

CIES shall inform mandated reporters when a report is not accepted for a child safety intervention. CIES shall inform mandated reporters that a report has been accepted for a child safety intervention, the track assignment, and the assigned worker. If it is in the best interest of the child, non-mandated reporters may also be informed that the report was accepted.

Assignment of Cases with Cross-District Implications

At times, a new report is accepted concerning a family with an open Family Support case who has recently moved to another district. In that case, the new child safety intervention will be assigned to the district of the family's residence, in order to expedite an assessment of the child's safety. The districts will then determine if the open case should be transferred as directed in Family Services Policy 211.

When there is an open case in a district and child in custody reports abuse while placed out of district (excluding licensed or regulated facilities), the child safety investigation will be assigned to the district where the child's case originates.

Conflict Investigations

At times, the assignment of a child safety intervention to a particular district may be or appear to be a conflict of interest. If that may the case, the supervisor should contact the assigned policy and operations manager to discuss the appropriate assignment of the case to another district.

In some cases, the director of operations may assign the Residential Licensing and Special Investigations (RLSI) Unit to conduct the child safety intervention depending upon the nature of conflict.

Appendix I: Educational Neglect vs. Truancy Acceptance Considerations for CIES First Read and District Second Read

CHINS (B) **Educational Neglect**	**CHINS (B)** **Educational Neglect**	**CHINS (D)** **Truancy**
Age 6 – Grade 6	Grade 7 – Age 16	Grade 7 – Age 16
Parent or guardian failed to enroll the child in a public school, private school, or Agency of Education (AOE) approved home school program	Parent or guardian failed to enroll the youth in a public school, private school, or Agency of Education (AOE) approved home school program	An intake is not required. The school initiates a process with the State's Attorney and family court: → An Emergency Care Order (ECO) has been issued; or → There is a post-merits finding of truancy with an open court case
Child has missed 20 or more days of school **NOT** due to illness (medical or mental health) or school-imposed suspension, resulting in negative impact on child's school performance		Youth has missed 20 or more days of school **NOT** due to illness (medical or mental health) or school-imposed suspension, resulting in negative impact on child's school performance
Parent has contributed to or prevented child or youth from attending school	Parent has contributed to or prevented child or youth from attending school	Youth is capable of getting to school; however, is not attending

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Approved:	Aryka Radke, Deputy Commissioner	Effective: 9/5/2024
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Purpose

To articulate a primary focus on child safety and to describe the requirements for conducting child safety investigations and assessments under Chapter 49 and Chapter 51 of Title 33 of the Vermont Statutes.

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Related Policies

Family Services Policy 50: Child Abuse and Neglect Definitions
Family Services Policy 51: Screening Reports of Child Abuse and Neglect
Family Services Policy 55: Unaccepted Reports on Open Cases
Family Services Policy 56: Substantiating Child Abuse and Neglect
Family Services Policy 57: Risk of Harm/Sexual Abuse Investigations
Family Services Policy 60: Juvenile Proceedings Act – CHINS (C) and (D) Assessments
Family Services Policy 65: Substance Use Disorder Screening & Drug Testing for Caretakers
Family Services Policy 66: Interviewing Children and Youth in DCF Custody
Family Services Policy 68: Serious Physical Injury Investigation and Case Planning
Family Services Policy 78: Assessing Expectant Parents and the Safety of Newborns on Open Cases
Family Services Policy 82: Juvenile Court Proceedings – CHINS
Family Services Policy 85: Minor Guardianships Through the Probate Division of the Superior Court
Family Services Policy 222: Foster Care Interventions
Family Services Policy 241: Residential Treatment Program Licensing and Interventions
The SDM Policy and Procedures Manual
Practice Guidance on Applying a "Preponderance of the Evidence" Evidentiary Standard to Substantiation Decisions
Practice Guidance on Offering Voluntary Family Support Services to Families

Introduction

33 V.S.A. § 4911 integrates the following values and purposes into the work of the division:

(1) protect children whose health and welfare may be adversely affected through abuse or neglect;
(2) strengthen the family and make the home safe for children whenever possible by enhancing the parental capacity for good child care;
(3) provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes require the reporting of suspected child abuse and neglect, an assessment or investigation of such reports and provision of services, when needed, to such child and family;
(4) establish a range of responses to child abuse and neglect that take into account different degrees of child abuse or neglect and that recognize that child offenders should be treated differently from adults; and
(5) establish a tiered child protection registry that balances the need to protect children and the potential employment consequences of a registry record for a person's conduct that is substantiated for child abuse and neglect; and
(6) ensure that in our efforts to protect children from abuse and neglect, we also ensure that investigations are thorough, unbiased, based on accurate and reliable information weighed against other supporting or conflicting information, and adhere to due process requirements.

Policy

This policy is applicable to child safety interventions (investigations or assessments) under Chapter 49 (Child Welfare Services) and Chapter 51 (General Provisions) of Title 33 (Human Services) of the Vermont Statutes. Unless otherwise indicated, policy and procedures are the same for all child safety interventions.

Child safety interventions are time-limited and focused, first and foremost, on ensuring child safety. These interventions should be concluded in a timely way because:

- They represent significant intrusion into private family matters. Families deserve to know the outcome. If services are needed to support child safety, they should be arranged for and delivered as soon as possible.
- Individuals who may be placed on the Child Protection Registry should have the opportunity for timely due process and independent review of that decision.
- Name placement on the Child Protection Registry protects others in the future by limiting the situations in which perpetrators have unsupervised access to children or vulnerable adults.

Supervising Child Safety Interventions

The child safety intervention supervisor will supervise all child safety interventions, even if the worker normally reports to another supervisor.

Required Communication with Reporters

Centralized Intake and Emergency Services (CIES) informs mandated reporters that a report has been accepted for a child safety intervention, the track assignment, and the assigned worker.

The family services worker will attempt to contact the reporter to see if the reporter has further information concerning the child's situation that would inform the child safety intervention, unless doing so is unreasonable given the circumstances. The supervisor may waive this requirement if the safety of any individual may be jeopardized by the contact.

Planning the Child Safety Intervention

Thoughtful planning of a child safety intervention is critical to minimize the risk to the child, other family members, and the worker. Issues to be considered in planning include:

- What history does the division have with the family?
- Could the intervention place the child at higher risk? How can we minimize that risk?
- How do issues of domestic violence or substance abuse in the family affect the approach to the intervention?
- Are there risks to the family services worker? How can they be minimized?
- Is police involvement indicated?
- What is the appropriate sequence of interviews?
- In an investigation, is it necessary to interview the child without parental permission?
    - If so, what environment will be most comfortable for the child?
    - Who is the appropriate disinterested party to be present?
- How can repeat interviews, especially with the child, be avoided?
- How will the child be supported following the interview?

If a child is in DCF custody, placed in a foster home and the foster parent is not the alleged perpetrator, the foster parent(s) will ordinarily be informed of the child safety intervention so that they can provide appropriate support following the interview.

Regardless of the specific basis for report acceptance, the family services worker should be aware that during the CSI, other forms of maltreatment may become evident. These should be assessed and documented.

Working with Individuals Who May Require Reasonable Accommodations

Before interviewing any person, the worker will inform the person of their right to receive reasonable accommodations in order to participate in the interview. Suggested language for notification is as follows:

> "DCF has received a call expressing concern that your child may be abused or neglected. We need to speak to you about that concern. If you have a disability and need, or think you may need, an accommodation in order to participate in the interview, please let us know. We will discuss your needs and provide you with a reasonable accommodation."

Individuals with a disability can be successful parents and may need reasonable accommodations, including adaptive equipment and supports. A disability may not be visible or obvious. When planning with a parent with a disability, the worker should:

- Ask the person if they need any special accommodations;
- Enter into a discussion with them about their limitations and needs;
- Seek input from an expert or someone with relevant expertise; and
- Consult with a supervisor and/or the assigned Assistant Attorney General (AAG) as needed.

Reporting to and Receiving Assistance from Law Enforcement

33 V.S.A. § 4915(g) specifies that the division "**report to and receive assistance from appropriate law enforcement**" under certain circumstances. Some notifications required under this section will be handled centrally. However, the assigned worker or supervisor shall immediately report to appropriate law enforcement as follows:

Nature of Situation	Report to:
Accepted reports (investigations or assessments) of child sexual abuse by an alleged perpetrator 10 years of age or older	Special Investigations Unit (SIU)
Accepted reports (investigations or assessments) of serious physical abuse or neglect likely to result in criminal charges or requiring emergency medical care	Special Investigations Unit (SIU)

Nature of Situation	Report to:
Situations potentially dangerous to the child or worker	Local law enforcement agency (unless also within SIU jurisdiction)
Accepted or non-accepted reports of serious physical abuse or neglect including those resulting in death *** This includes reports of serious physical abuse that were not accepted because the alleged perpetrator is a non-caretaker. ***	Law enforcement agency that conducts investigations of death (which may be local law enforcement, the Vermont State Police or the SIU)

Assistance from law enforcement may be requested in other situations per local protocols. If the district office notified law enforcement of an accepted report, 'Police Assist' will be indicated on the Child Abuse Report, regardless of whether law enforcement responded.

Sharing Information with Law Enforcement during Joint Investigations or Assessments

In investigations or assessments conducted jointly with law enforcement, written information from the case record may be shared. However, since information contained in police records is discoverable if the perpetrator is charged criminally, the worker should determine with law enforcement what information is needed. Under the same authority of 33 V.S.A. § 4915(g), the division's human trafficking consultant may share accepted reports of sex trafficking with the appropriate federal law enforcement agencies.

Coordinating with Law Enforcement

If time is needed to coordinate with law enforcement, the family services worker will assess for safety/danger and gather minimal facts without interviewing the child. Doing so may require obtaining a waiver of 72-hour commencement if the child will not be seen or interviewed during that timeframe.

The gathering of minimal facts can entail:

- Obtaining the necessary information regarding the reported abuse (who, what, where, and when) from sources other than the victim;
- Gathering information from the report, collaterals contacts, caretakers, and those who first received the disclosure of information;
- Assessing for safety, well-being, and capacity of the parents or caregivers to protect the children and youth within the home or setting; and/or

- May include observation of the child and rapport building if determined necessary by the family services worker or supervisor.

The specific details of how safety is established may differ on a case-by-case basis (i.e., disallowing contact between the victim and alleged perpetrator and/or another agreed upon safety plan while the family services worker coordinates with law enforcement and others regarding a forensic interview).

Child Safety Interventions Involving Residential and Child Care Licensing

If the family services worker learns the alleged perpetrator resides or receives services in a licensed or approved foster home or facility serving children, the worker will immediately notify the Residential Licensing and Special Investigations (RLSI) Unit.

Phases of Child Safety Interventions

Child safety interventions consist of two phases:

Phase 1: Safety Determination	Phase 2: Assessment and Planning
The period between case assignment and the completion of the *SDM Safety Assessment*.	The period in which division staff use family engagement strategies including the *SDM Risk Assessment* to assess risk, prevent the placement of children in out-of-home care, and promote health and well-being.

Re-Assignment to Chapter 49 Investigation Track

For cases initially assigned as Chapter 49 assessments, the division may determine that an investigation response is warranted. The worker or supervisor will request track re-assignment using the FS-592 (Track Reassignment Form).

Examples of situations warranting track reassignment include but are not limited to:

1. New information indicates that criteria for mandatory investigation are met (see Policy 51). A family services worker may exercise professional judgement to change to the investigation track if necessary.
2. A parent or caretaker refuses permission for necessary photographs, x-rays, or other medical imaging.
3. The parent or caretaker will not allow an interview or observation of the child. The worker should first inform the person of the implications of re-assignment to the investigation track, so they can make an informed decision.

4. The parent or caretaker is unwilling to engage in a discussion of the concern or a plan to address safety, after reasonable attempts have been made to overcome initial lack of cooperation.

The supervisor will append the track re-assignment, the date and reason for it in the intake. From that date, all requirements for investigation must be met, including commencement.

Timeline for Commencing Child Safety Interventions

The division shall commence a child safety intervention **within 72 hours** of the date and time the division had sufficient information to determine the report would be accepted. In most instances with an accepted report, this will be the time the intake report was entered. While the maximum timeframe for commencing child safety interventions is 72 hours, workers and supervisors may determine that a more immediate response is needed.

FSDNet populates a response priority which serves as guidance when commencing child safety interventions. Supervisors have the discretion to determine:

- When assessments or investigations must be commenced immediately or by the end of the day; or
- When assessments or investigations may be commenced within 72 hours (even if the response priority indicates by the end of the day).

"Commence" means...	
Investigation	**Assessments**
Staff will interview the child, or if the child is nonverbal, observe the child. An interview solely by law enforcement does not substitute for division investigation commencement.	Staff will contact the person responsible for the child's welfare as listed in the intake. While staff may commence an assessment by phone, some assessments may warrant an announced or unannounced visit (e.g., caretaker using opiates with young children or hazardous conditions of the home).

Waiver of 72-hour Commencement Requirement

As the DCF Commissioner's designee, district directors may waive the requirement to commence a child safety intervention within 72 hours when, in their judgment:

Investigations	Assessments
• The child who is the subject of the allegation cannot be located; or • It would be harmful to the child; or • There is danger to the worker.	• The person responsible for the child's welfare as listed in the intake cannot be located; or • It would be harmful to the child; or • There is danger to the worker.

In determining whether a waiver should be granted because commencement would be harmful to the child, the division will consider whether the child would be at imminent danger if the interview is delayed for any reason. Responding as soon as possible to accepted allegations of child abuse and neglect is a priority. However, interviewing the child in an appropriate setting is critically important to ensure accurate and reliable information is gathered through the interview. Interviewing a child in an appropriate setting and avoiding multiple interviews of children are goals in high quality child safety interventions when child safety can be reasonable assured during the period of delay.

If the timing required to coordinate with law enforcement to avoid multiple interviews of the child(ren) or to coordinate a child interview in an appropriate setting would require more than 72 hours, a waiver should be sought under the category of "It would be harmful to the child".

The waiver must be granted before 72 hours. Documentation requirements are:

Who	What	Where
Manager	Rational for waiver and date for commencement.	FSDNet Module
Worker	Ongoing efforts and activities for commencement and the anticipated commence date.	Appended to Intake
Supervisor	Ongoing documentation of efforts to commence.	Appended to Intake

The issues necessitating the waiver will be addressed immediately so the child safety intervention commences as soon as possible.

SDM Safety Assessment

Assessing safety is the first priority during a child safety intervention. Assessing safety includes focusing on present or impending danger to the child. The family services worker will document the safety determination and safety plan on the *SDM Safety Assessment* within **24 hours** of the first in-person interview with the family. The SDM Policy and Procedures Manual provides supplemental policy guidance related to SDM Safety Assessment.

In cases that were accepted based on concerns about the safety of an infant prior to birth, the *SDM Safety Assessment* will be completed again after the birth of the infant.

The following factors inform a determination about whether the child is safe.

Safe	• No danger indicators; the child appears to be safe.
Safe with Safety Plan	• At least one danger indicator present, and there may be protective capacities that can mitigate the danger. • A safety plan is in place that addresses the identified dangers, and if successfully carried out, will allow the children to remain with the parent or caretaker. The person alleged to have caused the abuse or neglect should not be responsible for implementing or monitoring the safety plan. Instead, there should be a safety network made up of people who are aware of the danger(s) and agree to take specific action as part of the safety plan. • The plan may include informal placement with a safe friend, relative or non-resident parent as a temporary measure.
Unsafe	• At least one danger indicator, and protective capacities are not sufficient to mitigate the danger currently. • A court order or voluntary care agreement with placement outside the home for one or more children is the only way possible to protect the child from immediate or serious harm.

If any danger items are selected, the worker will use the FSD Safety Plan Forms to complete a safety plan. The FSD Safety Plan Forms include the Safety Plan Framework, Safety Plan Actions Needed, and Safety Plan Signature Page. The FSD Safety Plan Forms are only used when a danger is identified in the *SDM Safety Assessment*. Any plans that are created with families to address risk, treatment needs, or other complicating factors should be incorporated into a case plan or simply documented in case notes – not addressed with FSD Safety Plan Forms. Safety planning should be done with the family

unless it would be unsafe to do so. In any case, the worker will take necessary steps to plan for the child's safety.

During a child safety intervention, safety planning may be necessary due to the presence of a danger item in the household. Attempting to work with the family to develop a safety plan may be appropriate. In doing so, the FSW's goal is to address the presence of danger while also implementing a response that demonstrated reasonable efforts to preserve the family and prevent the removal of the child.

When the division is involved with a family through a child safety intervention, it may be appropriate to work with the family to put a safety plan in place which includes the support of an alternative caregiver on a temporary basis. A safety plan with an alternative caregiver shall not last longer than one month. See Family Services Policy 85 for additional information on alternative caregivers and court interventions through the Family Division of the Superior Court vs. the Probate Division of the Superior Court.

Access to Children during Child Safety Interventions

Investigation	Assessments
The child shall always be seen during an investigation. The worker must interview or, for a non-verbal child, observe the alleged victim. The interview should be carefully planned to avoid the necessity of subsequent interviews. Other children in the home will also be interviewed when: • there are concerns about their safety; or • they may have information important to assess the safety of the alleged victim. If it is necessary to ensure a child's safety, the alleged victim or other children in the home may be interviewed without the permission of the child's parents, guardian, or custodian. This interview must take place in the presence of a disinterested adult, such as a teacher, nurse, member of the clergy, etc. Law enforcement officers are **not** disinterested adults.	The child shall always be seen during an assessment. The worker must interview or, for a non-verbal child, observe the child within 5 days of the initial contact unless the worker can verify that the child is safe through an independent, objective professional source (physician, day care provider, teacher, etc.). If this is the case, the worker must interview or observe the child as soon as possible but no later than 10 days from the date of the report. The child may not be interviewed or observed without permission of the child's parent, guardian, or custodian. **Chapter 49 Assessments:** If the parent, guardian, or custodian refuses permission to interview or observe the child, and the division has reason to believe

Investigation	Assessments
When an interview occurs without parental permission, the parent should be informed and interviewed as soon as is reasonable and safe. The confidentiality of the reporter will be protected, unless the reporter has given permission for their identity to be shared. In most situations, subsequent interviews should take place with the parent's awareness and permission. Subsequent interviews of children without parental permission may occur with the approval of a supervisor. There may be times, under extraordinary circumstances, when a worker cannot interview or observe an alleged victim. This requirement must be waived by the child safety team (Child Safety Consult Request) as the Deputy Commissioner's designee. A member of the child safety team will append the intake to document approval to waive the alleged victim interview/observation. A waiver is not required for cases where there is no identifiable victim, or the child is deceased.	the child's safety cannot be ensured, the division shall commence an investigation. There may be times, under extraordinary circumstances, when: • It may not be in the child's best interest to be interviewed and the circumstances do not warrant a track change; or • A worker cannot interview or observe the alleged victim. This requirement must be waived by the child safety team (Child Safety Consult Request) as the Deputy Commissioner's designee. A member of the child safety team will append the intake to document approval to waive the alleged victim interview/observation. **CHINS (B) Assessments:** If the parent, guardian, or custodian refuses access to the child, the worker will evaluate the situation to determine if there are any underlying child abuse or neglect concerns as defined by 33 V.S.A. § 4912. If so, family services workers and supervisors will determine whether to make a report to CIES or refer the case to the state's attorney for a CHINS petition. Otherwise, workers will evaluate for service needs and either recommend a family support case or close the assessment.

Other Requirements for Child Safety Interventions

Unless unreasonable, the family services worker shall:

Investigation	Assessments
Visit the child's residence.	Visit the child's residence.

Investigation	Assessments
Visit the location of the alleged abuse or neglect, to determine: • the nature, extent and cause of the abuse or neglect; • the identity of the person responsible for the abuse or neglect and the person's mailing and email addresses; • the names and conditions of any other children living in the same environment; • any immediate and long-term risk to each child if the child remains in the existing home environment; and • the environment and the relationship of any children in the home to the person responsible for the abuse and neglect. Evaluate the safety of any other children living in the same home. The evaluation should include an interview or observation of the other child(ren). Unless the supervisor determines that it is not in the child's best interest, interview other people who may have information relevant to the current child safety intervention, including persons suggested by the family. Evaluate and weigh all other data deemed pertinent, including interviews of witnesses made known to the division during the investigation. Give the Child Safety Intervention (CSI) Brochure to the parent(s).	Interview other adult's residing in the child's home who serve in a parental or caretaking role. The interview will focus on ensuring immediate safety of the child and mitigating future risk of harm using an approach that engages the family in a collaborative process. Evaluate the safety of any other children living in the same home. The evaluation should include an interview or observation of the other child(ren) and will occur with the permission of the child's parent, guardian or custodian. Collaborate with the family to identify the family's unique strengths, resources and services needs and develop a plan of services that reduces the risk of harm and improves or restores family well-being. Unless the supervisor determines that it is not in the child's best interest, interview other people who may have information relevant to the current child safety intervention, including persons suggested by the family. Give the Child Safety Intervention (CSI) Brochure to the parent(s).

If an activity above is not reasonable or relevant under the facts and circumstances presented by the valid allegation of child abuse or neglect, the worker must document the reason for that judgment in the case determination.

During child safety interventions, continued visits to the home should occur as necessary to assess and address safety, risks, and the family's needs. If (per the *SDM Safety Assessment*) there are one or more dangers present and the safety decision is "safe with a plan" **OR** (per the *SDM Risk Assessment*) the risk is high or very high, workers shall visit the home monthly until the CSI is closed or the case is transferred.

Ongoing visits to the home are not required in instances where the worker determines the allegations described in the accepted report were false or no dangers or safety concerns exist per the *SDM Safety Assessment* **AND** the *SDM Risk Assessment* is low or moderate.

SDM Risk Assessment

The family services worker will complete the *SDM Risk Assessment* to understand the issues that create risk in the family and to inform the decision about recommending a family support case. The *SDM Risk Assessment* does not predict occurrence or recurrence of child maltreatment; it assesses whether a family is more or less likely to have future involvement with the child protection agency. The SDM Policy and Procedures Manual provides supplemental policy guidance related to SDM Risk Assessment.

An *SDM Risk Assessment* for each accepted report (only one per accepted report) should be completed as soon as the worker has enough thorough information to accurately assess the risk in the family **but no later than 21 days from the date of report acceptance.**

SDM Risk Assessments are completed on households. When a child's parents do not live together, the child may be a member of two households. The *SDM Risk Assessment* is always completed on the household of a caretaker who is an alleged perpetrator, regardless of whether the household is the child's primary residence. If the alleged perpetrator is not a caregiver nor a member of the child's household, the *SDM Risk Assessment* is not required unless there is a question about the caregiver's ability to protect.

Requirements to Inform Parents and Alleged Perpetrators

In all child safety interventions, the division must:

1. Inform the parent or guardian of the child that a report has been accepted as a valid allegation and that the division is conducting an investigation or assessment; and

2. Inform the alleged perpetrator, at the time of the initial contact, about the complaint or allegation made against the individual. In making this notification, the confidentiality of the reporter will be protected, unless the reporter has given permission for their identity to be shared.

   Further, division staff shall use best efforts to obtain the person's mailing and email address as soon as practicable once the person's identity is determined. 33 V.S.A. § 4915b (4) requires the division to notify individuals of the outcome of the investigation and any notices or communication using both the mailing address and email address if requested.

   In rare instances where the alleged perpetrator is not interviewed, notification will not occur. See this policy's section on *Interviewing the Alleged Perpetrator* for additional information and requirements for waiving alleged perpetrator interviews.

Interviewing the Alleged Perpetrator

If the alleged perpetrator is in DCF custody, see Family Services Policy 66.

The family services worker will interview the alleged perpetrator unless the individual:

- refuses to be interviewed;
- is a minor and their parents refuse to give permission;
- is not the child's parent or caretaker and has been interviewed by the police in the context of a joint investigation;
- is not residing in the home and has been interviewed by the police in the context of a joint investigation;
- cannot be located;
- presents a significant risk to the safety of the child or protective parent *(see guidance below)*; or
- will not be informed of the allegation due to the wishes of the youth victim and approval by the child safety team (see guidance below).

In situations where interviewing an alleged perpetrator presents a significant risk to the safety of the child or protective parent, the worker and/or supervisor will request a waiver of alleged perpetrator interview from the child safety team (Child Safety Consult Request). Situations including, but not limited to, human trafficking cases or cases involving domestic violence (DV)/intimate partner violence (IPV) should be considered for a waiver. These requests should be based on direct threats, criminal history that suggests a risk of violence to the victim or victim's family, gang affiliation, or other non-

speculative information about the risk posed by the alleged perpetrator to the victim or the victim's family or friends.

Waivers will also be considered in cases where there is alleged child sexual abuse by a non-parent or caretaker and the child victim does not disclose abuse if waiving the alleged perpetrator interview would preserve the integrity of any future investigation should more information become available later.

Requirements for Concluding Child Safety Interventions

Investigations	Assessments
• Must be concluded within 60 days.	• Must be completed in 45 days, or 60 days with written justification and the approval of a supervisor.
• All interviews have been completed; • All documentation is complete in FSDNet; • The supervisor has made a substantiation determination. • The caretakers, alleged perpetrator(s) and the mandated reporters have been informed of the outcome.	• All interviews have been completed; • All documentation is complete in FSDNet; • The supervisor has made a case determination about opening a family support case, which is inclusive of the family's wishes and willingness to engage with voluntary services. • The caretakers, alleged perpetrator(s), and the mandated reporters have been informed of the outcome.

If a child enters DCF custody during the child safety intervention, the worker still needs to complete all steps of the investigation or the assessment.

Family services workers will document their work using FSDNet Documentation tools.

Summary of Investigative Activities (IA Summary) – The IA Summary should be used to document key interviews relied upon by the family services worker in making a determination. Details of interviews must be documented in the IA Summary in investigations. Details of interviews in assessments may be documented in the IA summary or referenced in Case Determination Report with data entry of only the information necessary to satisfy completion of the form.

Case Determination Report – Documentation should be focused on the questions embedded in the document. Information in the Case Determination Report should be

succinct. Cutting and pasting information from Intake Reports and from other documents (affidavits, police reports) should not occur. Where summaries are requested, brief descriptions should be provided.

The Case Determination Report is where the outcome of the child safety intervention is documented. The Case Determination Report is structured by the following questions:

1) Summary of Primary Allegation(s) Resulting In Acceptance As Well As Other Chapter 49 Allegations Discovered During Assessment / Investigation

2) Additional Concerns to Be Addressed:

3) Commencement Date / How Commenced:

4) Key Interviews / Home Visits / Site Visits (Summary and Dates):

5) When Did You See or Interview The Child(ren):

6) Assessment of Danger and Safety (Date Completed and Results):

7) Assessment of Risk (Date Completed and Results):

8) Key Information Relied Upon for Determination, which links to:

9) Relevant Policy and Determination:

10) UNCOPE screening date and outcome:

11) Plan of Safe Care for Substance Exposed Newborns (In cases of accepted reports due to concern that an infant born and identified as being exposed by substance abuse or withdrawal symptoms, a plan of safe care will be created and documented in the case determination, please see policy 52 for more detail if needed).:

In assessments, the family services worker is determining whether there is a need for ongoing service from the division based on the scoring of the *SDM Safety Assessment* and *SDM Risk Assessment* and documenting that determination. Contacts not relevant to these considerations should be entered into Intake Casenotes.

In investigations, the family services worker is determining whether abuse and/or neglect should be substantiated or unsubstantiated as well as whether there is a need for ongoing service from the division based on the scoring of the *SDM Safety Assessment* and *SDM Risk Assessment* and documenting these determinations. Contacts not relevant to these considerations should be entered into Intake Casenotes.

When documenting the Case Determination in an investigation, the family services worker documents their rational for unsubstantiation or substantiation. Determinations should be made based on an analysis of the evidence. See Practice Guidance on Applying a "Preponderance of the Evidence" Evidentiary Standard to Substantiation Decisions for information about evidence gathering during investigations, weighing evidence, and considerations related to the credibility of evidence.

Many times, a report of suspected child abuse or neglect is accepted based on the screener's determination that the allegation meets criteria for one type of maltreatment. However, throughout the child safety intervention (specifically investigation), the assigned family services worker should be considering whether the fact pattern might suggest other forms of maltreatment should be considered and a rationale should be offered.

Delays in Concluding Child Safety Intervention Due to Law Enforcement

At times, it is necessary to keep a child safety investigation open longer than 60 days due to other elements of law enforcement activity and/or a criminal investigation. The investigation may remain open with documentation about steps necessary to resolve the outstanding law enforcement issue. The case determination letter should not be sent during the period, to avoid interfering with the law enforcement case. Remaining documentation and data entry must be completed immediately when the law enforcement/criminal case is resolved.

Sharing Information with Mandated Reporters Working with Child or Family

Family services workers shall notify mandated reporters of the outcome of child safety interventions. Notification may occur verbally or in writing. This includes:

- If an assessment was conducted and whether a need for services was found; and
- If an investigation was conducted and whether it resulted in a substantiation.

Additionally, upon the request of a mandated reporter, the worker will provide relevant information about the report they made, if the reporter is engaged in an ongoing working relationship with the child or family.

Informing Child's Caregivers and Parents of Case Disposition

The child's parents or guardian will be informed of the case disposition. They will be informed verbally, whenever possible, and subsequently documented in the case file, and by the following letters.

Number	Case Disposition
306J	Closing with Recommendations
306K	Closing with No Recommendations
306L	Ongoing FSD Services

Notice will be sent at the conclusion of the child safety intervention.

In cases where the alleged perpetrator is also a perpetrator of domestic violence, notification may cause risk to the child and adult victims. The worker should attempt to contact the adult victim to inform them that the perpetrator is receiving notice.

Entries into the SSMIS Child Abuse and Neglect Report

All required information will be entered promptly into the SSMIS Child Abuse Report (FS-590) and the Supervisory Tracking Form the conclusion of the child safety intervention.

Guidelines for Opening Family Support Cases

33 V.S.A. § 4915a(c) provides that families have the option of declining services offered following the department's assessment. Further, if families decline services, statute indicates the case shall be closed unless it is determined that sufficient cause exists to begin an investigation or to request the state's attorney to file a petition pursuant to Title 33, Chapters 51 and 53. In no instance shall a case be investigated solely because the family declines services.

33 V.S.A. § 4915b(b) states that for cases investigated and substantiated by the department, the Commissioner shall, to the extent that is reasonable, provide assistance to the child and the child's family.

Procedures for offering family support services include:

Low & Moderate Risk Cases	Generally, low and moderate risk cases should not be opened for family support services unless there is an unresolved danger with a safety plan where the family agrees to engage with the division in an open family support case. When the final risk level is low or moderate and there are no identified dangers, the family services worker should: • Reinforce the strengths and protective factors with the family; • Provide referrals to community services as needed; and • Communicate planned closure to the family and discuss any concerns the family has about the plan for closure.
High & Very High Risk Cases	The higher the risk in the household, the more important it is to engage the family in targeted services related to the risk to prevent future harm and child protection system involvement. A family support case should be recommended to the family when: • The risk level on the *SDM Risk Assessment* is high or very high; and/or • Regardless of the risk level, the family has an unresolved danger on the *SDM Safety Assessment* and a petition for court involvement was declined.
*The district director may approve opening a family support case for other reasons. The rationale must be documented in the case determination.	

At the point when the worker assigned the child safety intervention determines that the risk level and/or unresolved danger warrants recommending family support services **(no later than 21 days from the date of report acceptance),** a worker will be assigned to discuss the benefits of ongoing services utilizing the Brochure: A Guide to Family Support Services. See Practice Guidance on Offering Voluntary Family Support Services to Families for additional instructions related to teaming, role clarity, safe closure meetings, family input, and unresolved danger(s).

Special Topics During Child Safety Interventions (CSIs)

Photographs and X-Rays

During an investigation, if trauma to the child is visible, photographs should be taken of the injuries. Additionally, the family services worker or a physician may determine that child should receive a physical or a radiological examination.

Unless it would compromise the child's safety, parental permission should be sought. However, parental permission is not required.

Child Sexual Abuse Investigations with No Identified Child

In some cases of child sexual abuse, the facts and circumstances make it unreasonable to interview the child, visit the child's home, or to identify other children that may be abused or at risk of abuse. This includes when an adult is posing as a child or the identity of the child is not known. In these cases, the assigned worker shall do the following:

1. Refer the case to appropriate law enforcement (or contact involved law enforcement if law enforcement was the source of the report).
2. Request any information known to law enforcement about the allegation including police reports, charging affidavits, etc.
3. Document information provided by law enforcement in the IA Summary and Case Determination.
4. Determine with law enforcement when and how the alleged perpetrator will be interviewed about the allegations and document outcome of any interview.
5. If the alleged perpetrator declines the opportunity for an interview, document this in the Investigation Activities Summary and Case Determination.
6. Consider all collected evidence and make determination if information gathered would lead a reasonable person to believe that the alleged perpetrator engaged in child sexual abuse.

Responding to Allegations of Manufacturing of Illicit Substances or Other Allegations Where Exposure to Illicit Substances in the Environment May Occur

At times, the division staff may be required to respond to allegations of child maltreatment in settings where the manufacturing of illicit substances may be occurring. These situations may include substances such as methamphetamine or butane hash oil. The manufacture of these substances may be the allegation that resulted in the acceptance of the child safety intervention. In these cases, advanced planning is warranted to minimize the potential safety implications for staff and others. **All accepted reports alleging the manufacture of illicit substances will be referred to law enforcement for joint investigation and law enforcement**

will lead the investigation to include determining if the site is clear of hazards and safe for the FSW to enter.

At times, division staff responding to other unrelated allegations may discover the presence of a possible manufacturing of illicit substances. **These situations will be referred to law enforcement for joint investigation and law enforcement will lead the investigation to include determining if the site is clear of hazards and safe for the FSW to enter.**

FSWs may visit homes and see items frequently used in the process of preparing illicit substances for use or sale including razor blades or rolled dollar bills or the presence of what appears to be powdery residue on smooth surfaces in the home. If this occurs, FSW should note the presence of these items while being cautious to avoid touching any surfaces.

Division staff may seek consultation from either the staff safety team (AHS - DCF FSD Staff Safety Team) or child safety team (Child Safety Consult Request) for cases involving the manufacturing of illicit substances or containing other allegations where exposure to illicit substances in the environment.

Co-Occurring Child Abuse and Intimate Partner Violence (IPV)

Even though the division's primary duty is to ensure child safety, in cases with co-occurring child abuse and intimate partner violence (IPV), ensuring safety for any adult victim is often closely linked to ensuring safety for the child. A complete and accurate child safety intervention is most likely to occur when the adult victims and children are interviewed in supportive and confidential sessions separate from the parent who batters.

In conducting collateral interviews, care should be taken to protect the confidentiality of the child and family, revealing only what is necessary to obtain desired information. Information provided about intimate partner violence should not be shared with the alleged perpetrator of the violence.

Safe intervention when child maltreatment and IPV co-occurs requires addressing risks to both children and adults who fear retaliation or harm by the parent who batters because of the division's intervention. It is important to develop safety plans in collaboration with the adult victim and children that address their unique immediate and future safety needs.

During the child safety intervention, family services workers (in consultation with the Domestic Violence Unit) should consider the following questions to learn how the parent who batters has impacted the child's and family's functioning:

- What physical injuries have the children sustained because of the perpetrator's behaviors?
- What has changed in the children's functioning, both emotionally and behaviorally, because of the perpetrator's behaviors?
- What did this look like during or right after an incident of violence?
- What have been the cumulative changes in the children's relationships inside and outside the household?
- Has the perpetrator's behavior impacted the children's basic needs being met?

Options for Sexual Abuse Victims Age 15 and Older

Division staff shall consult with the child safety team (Child Safety Consult Request) during child safety interventions involving youth victims aged 15 and older (both chronologically and developmentally) and alleged actors under the age of 19 where the victim does not want the alleged actor to be notified or interviewed.

If the criteria outlined below are met, workers will not pursue an interview with alleged actors or notify their parents until the child safety team (Child Safety Consult Request) has consulted on the case. A member of the child safety team will consider requests to waive an alleged actor interview/notification if:

- There is no information to suggest this is a pattern of behavior by the alleged actor;
- There is no information to suggest significant violence or predatory behavior by the alleged actor;
- The victim is 15 years or older;
- The alleged actor is 19 years or younger;
- The victim states they are currently safe with no continuing threat from the alleged actor; **AND**
- The alleged actor resides out of the victim's home and is a non-caregiver.

Waiving the alleged actor interview/notification will **not** be considered if:

- The alleged actor is 20 years or older;
- The alleged actor resides in the victim's home;
- The alleged actor is a caregiver;
- There is information suggesting this is a pattern of behavior by the alleged actor;

- There is information suggesting significant violence or predatory behavior by the alleged actor;
- Substantiation is being considered or will occur; **OR**
- The incident occurred in a PREA-compliant residential treatment program.

If the victim requests to not have the alleged actor notified or interviewed and a member of the child safety team (Child Safety Consult Request) provides written approval, the interview with the alleged perpetrator will not occur. The child safety team will append the intake to document approval to waive the alleged perpetrator interview.

Unsafe Access to Guns

At times, the division responds to allegations of children having unsafe access to guns in the home. In those situations, in addition to determining if the circumstances create a danger or warrant a determination that risk of harm has occurred, division staff will provide parents and/or caregivers involved in the report with educational materials related to gun safety. In other cases where gun safety information may be useful, staff may provide materials at their discretion. See Gun Safety Tips for additional information.

Safe Sleep Practices for Expectant Parents & Children Under 1

For any family with a child under 1 year of age, or in which a woman is pregnant, division staff shall discuss safe sleep practices. The Vermont Department of Health (VDH) has several brochures related to safe sleep and infant care relevant to this topic. New brochures include Sleep Tips for Babies, Safe Sleep, and Products to Avoid. The FSW should provide copies of these materials as part of the discussion as they provide comprehensive safe sleep guidance.

Plan of Safe Care for Substance-Exposed Newborns

The following tasks are required for cases accepted based on concerns of a newborn identified as being affected by legal or illegal substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder:

If the child is placed in out-of-home care (including DCF custody or CCO with relatives)	A plan of safe care (POSC) will be created with the parent(s) and foster parents/caregivers, and this will be documented in the case determination.
If the child can safely remain at home (including CCOs with parents, family support cases, and instances	The worker should discuss and review the plan of safe care (POSC) with the child's primary care provider prior to closure of the child safety

where no further division involvement is needed)	intervention (CSI), and this will be documented in the case determination.

The plan of safe care will include the following:

- Information about referrals made to Children's Integrated Services (CIS) and other services, if necessary;
- The infant's primary care provider and date of next appointment;
- Identified treatment needs of parent(s) or caregiver(s) and treatment in place; and
- Identified community and family supports for parent(s) or caregivers(s) and the infant.

Referral to Children's Integrated Services (CIS)

The Child Abuse Prevention and Treatment Act (CAPTA) requires states to make referrals to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA) for all children under the age of 3 who are involved in a substantiated case of abuse or neglect.

Verbal parental permission is required to make a referral to Children's Integrated Services (CIS). In Vermont, referrals to CIS for developmental screening occur in the following circumstances:

- All children under the age of 3 who reside in a family/household where there is a substantiation of abuse or neglect – regardless of whether the perpetrator is in-home or out-of-home (by completing the CIS Referral Form and checking the CAPTA box); and
- Households where the *SDM Risk Assessment* is high or very high and a family support case will be opened for a family with children under the age of 3 (by completing the CIS Referral Form).

In situations where a CIS referral is made prior to case determination, family services workers may complete the CIS Referral Form, indicate that the case is open for investigation or assessment, and not worry about checking specific boxes on the form. Regardless of the referring reason (CAPTA or not), a developmental screen will be offered.

Each referral will not result in CIS services; the screening process determines which children may benefit by being served through CIS. Some families may elect to not participate, as these are voluntary programs.

Reasonable Efforts

"Reasonable efforts" refers concerted efforts to provide services to families to prevent children's entry into foster care. The Federal title IV-E Program (42 U.S.C. § 671(a)(15)) requires states to make reasonable efforts to preserve and reunify families (i) prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from the child's home; and (ii) to make it possible for a child to safely return to the child's home.

Not all child safety interventions result in the identification of a danger item that necessitates the removal of the child from their home. However, during child safety interventions, there is a unique opportunity to assess the situation to determine if supportive services or resources could be beneficial to the family and prevent the likelihood for out of home placement in the future. Documentation of these efforts should occur in the case determination.

Working with Individuals with Language Access Needs

When conducting a child safety intervention in which a caretaker or child has language access needs, the worker will arrange for appropriate interpretive services. Children will not be asked to interpret for their caretakers or family members.

The Agency of Human Services (AHS) maintains contracts to provide in-person interpretive services, telephonic interpretive services, and written translation services which are available through the AHS Language Access SharePoint Page. A summary of the various contracts, service providers, and process for accessing the services are available through an AHS Interpretation and Translation Services Overview Document.

Questions related to disclosures of abuse or neglect while using facilitated communication may be directed to the child safety team (Child Safety Consult Request). For information on disclosures of abuse or neglect made while using facilitated communication, see guidance developed by the Department of Disabilities, Aging, and Independent Living (DAIL) titled Guidelines for Handling Allegations of Abuse Made While Using Facilitated Communication.

Chapter:	Child Safety Interventions	
Subject:	Unaccepted Reports on Open Cases	Page 1 of 3
Approved:	Aryka Radke, Deputy Commissioner	Effective: 11/1/2023
Supersedes:	Family Services Policy 55	Dated: 7/29/2016

Purpose

To outline the responsibilities of family services workers and supervisors in situations where a new report of child abuse or neglect is made to Centralized Intake and Emergency Services (CIES) which does not meet division policy criteria for acceptance of a new child safety intervention AND the division already has an open case with the family.

Definitions

Involvement: A case currently open of any case type (excluding the exceptions listed below): a child safety intervention, family support, conditional custody, custody, probation case, etc.

> This policy does not apply to licensed foster homes as Family Services Policy 222 (Foster Care Interventions) guides this work.
>
> Additionally, this policy does not apply to cases that are pending delinquency or youthful offender status (DY case type) which are opened only for the purposes of writing court reports and attending court hearings per Family Services Policy 164 (Youthful Offender Status). There are no established supervision requirements during this stage and these cases are exempt from this policy.

Policy

At times, a new report is received regarding a family with whom the division already has involvement. These reports will be screened according to Family Services Policy 51. If the report is not accepted by the second reviewer, this person will forward the intake to the assigned worker and supervisor within 24 hours.

All new concerns shall be addressed by the family's assigned family services worker in consultation with a supervisor as needed. The unaccepted report may prompt the worker to review the most recent *SDM Safety Assessment* to determine if the current safety plan addresses unresolved danger(s). If there are noted dangers and/or risks, an in-person meeting with the family will be the necessary response. Other concerns may be addressed by a phone call with the caregiver, youth, or service providers. In rare instances, the worker and supervisor may determine no response is necessary (i.e., if the information was already known to the division or has already been investigated or assessed). **The worker and supervisor will decide the most appropriate response to the concern and document the response in case notes.**

Case notes regarding unaccepted reports on open cases must include the following information:

- The intake number and the date of the report;
- A summary of the concerns reported;
- Whether the concerns were discussed with the family in person or by phone;
- The family's response to the concerns;
- The plan for addressing the concerns; and
- A new safety plan, if needed.

The case note should be structured similar to the examples listed below.

No Response Necessary

A new report was received on (date) regarding concerns of _____. In response to intake # _____, Family Services Worker (name) and Supervisor (name) determined that follow-up was not needed. The plan for addressing the concerns is _____. A new safety plan was not needed.

Response Necessary

A new report was received on (date) regarding concerns of _____. In response to intake # _____, Family Services Worker (name) and Supervisor (name) determined that follow-up was needed. Family Services Worker (name) discussed the concerns with the family by phone/in person on (date). The family's response was _____. The plan for addressing the concerns is _____. A new safety plan was/was not needed. (If applicable), the following steps were taken on (date):

- _____
- _____
- _____

Reports containing non-child protection related concerns, such as absences from school or requests for referrals or support, should also be addressed by the assigned worker. This may include providing information or additional resources to the family or services providers.

Ongoing Assessment of Safety and Risk

The *SDM Safety Assessment* is used in cases open due to a child protection matter and is not required for juvenile justice cases. A new *SDM Safety Assessment* is not required for all unaccepted reports on open cases.

A new *SDM Safety Assessment* is completed on open cases when:
(1) There are changes in the family or household circumstances; or
(2) There is a change in the ability of safety interventions to mitigate dangers.

Examples of a change in family or household circumstances include, but are not limited to:

- the birth of a baby;
- a change in household composition/make-up (such as the addition of new household members or a person leaves the household);
- the family moves;
- there is a new criminal charge;
- there is a significant change in health; or
- there is a new report of child abuse or neglect during the open case.

The *SDM Safety Assessment* should be completed within one working day of the assigned worker becoming aware of changes in the family's circumstances or a change in the ability of safety interventions to mitigate dangers.

After the worker completes the above tasks and there continues to be significant concerns that warrant a higher level of intervention, other steps may be necessary. Possible steps include, but are not limited to:

- An announced or unannounced home visit to the parent or caretaker's home;
- A well-child check by law enforcement if there are reasons (safety concerns, information received late at night, etc.) that a home visit by the worker cannot occur promptly;
- Contact with community partners and providers (CFS contractors, therapists, treatment providers, education/school staff, etc.);
- Scheduling a team meeting or family safety planning meeting;
- Consulting with a State's Attorney to discuss new or increased court oversight; or
- Making an additional report to CIES as needed.

Chapter:	Working with Youth and Families	
Subject:	Assessing Expectant Parents and the Safety of Newborns on Open Cases	Page 1 of 12
Approved:	Christine Johnson, Deputy Commissioner	Effective: 10/28/2019

Purpose

To describe the requirements for (1) the ongoing assessment of expectant parents and infants born on open cases and (2) taking appropriate action when needed.

Related Policies

Family Services Policy 51: Screening Reports of Child Abuse and Neglect
Family Services Policy 52: Child Safety Interventions – Investigations and Assessments
Family Services Policy 55: Unaccepted Reports on Open Cases
Family Services Policy 61: Responding to Domestic Violence in Child Safety Interventions
Family Services Policy 65: Substance Use Disorder Screening & Drug Testing for Caretakers
Family Services Policy 82: Juvenile Court Proceedings – CHINS
Family Services Policy 84: Conditional Custody Orders (CCOs)
Family Services Policy 85: Minor Guardianships Through the Probate Court

Introduction

Newborns and young children are the most vulnerable population served by the division. Infants are physically vulnerable and rely on a parent or caregiver to meet all of their needs. Prior or current child protection system involvement is one of the most important risk factors of future harm. Young children (those under 3) are at the highest risk for fatality – with heightened urgency for infants under 1. According to the 2016 report findings from the Commission to Eliminate Child Abuse and Neglect Fatalities:

- Children who die from abuse and neglect are overwhelmingly young (approximately 50% are less than 1 year old and 75% are under 3 years old); and
- A call to a child protection hotline is the best predictor of a child's potential risk of injury death before age 5.

Definitions

Checklist for Assessing Expectant Parents and the Safety of Newborns on Open Cases (FS-78): A checklist, mental map, and supervision tool intended to be used when a parent with an open CF, CS, or CC case is expecting another child. The document is meant to help division staff consider all relevant factors related to safety and planning for newborns. The use of the checklist is intended to support continuous assessment throughout a pregnancy and post-birth. Additionally, the checklist should assist in determining whether a higher level of intervention or additional supports are needed throughout the assessment.

Housing Insecurity: A family is homeless, lacks stable residence, is facing eviction,

or is living in an overcrowded residence that presents safety risks to the child(ren).

Plan of Safe Care (POSC): A written plan for a substance-exposed newborn and the infant's family, focused on meeting health needs and substance disorder treatment needs, and developed in collaboration with the family, the healthcare provider, community agencies, and child welfare when appropriate.

Reproductive Coercion: Behaviors aimed to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent. More specifically, reproductive coercion is related to behaviors that interfere with contraception use and/or pregnancy. These behaviors may include:

- Explicit attempts to impregnate a partner against her wishes;
- Controlling outcomes of a pregnancy;
- Coercing a partner to have unprotected sex; or
- Interfering with birth control methods.

Policy

The assessment of expectant parents occurs using the *Checklist for Assessing Expectant Parents and the Safety of Newborns on Open Cases* and begins as soon as the division receives information about a pregnancy on any case currently opened due to a child protection matter (CF, CS, CC). Assessment will be ongoing, included in discussions during monthly visits and supplemental contact, and guided by the prompts and sections of the checklist.

As soon as the division receives information about a pregnancy on an open case, this will be documented in case notes. The supervisor and district director should be notified of the pregnancy if the following circumstances are applicable to the family's case:

- Termination of parental rights (TPR) petition has been filed; or
- Termination of parental rights (TPR) or voluntary relinquishment of rights to another child happened previously; or
- Either parent previously experienced the death of a child which was suspicious for maltreatment or related to an unsafe sleep environment;
- Serious physical injury of a child by a caretaker in the home happened previously; or
- Serious physical injury of a child was substantiated as "perpetrator unknown" and the caretaker was either alleged to have committed the abuse or knew about the abuse and did not take protective action.

The checklist is completed by the assigned family services worker, updated as new

information is learned, and shared with their supervisor. Information relied upon to complete the checklist and pertinent updates from the assessment will be documented in case notes.

Prior child protection involvement (within Vermont or in other states), criminal activity by caregivers or household members, substance use, domestic violence/intimate partner violence, residency/housing, and physical and mental health are all areas that should be evaluated initially and throughout pregnancy, at the time of birth, and upon discharge from the hospital. The division's assessment takes place through observation, interviews with expectant parents and collateral contacts, and through any new reports received. It is critical to assess the circumstances of both parents and not limit the division's focus to only the mother. If either parent has a new partner or it is known that other friends/relatives are residing in the home or expected to serve in a caretaking role, they should also be included in the division's overall assessment.

Family services workers, supervisors, and district directors are encouraged to utilize team decision making and consultation with the child safety manager when there are questions or concerns related to the safety of a newborn. If significant safety concerns are revealed about the newborn in the hospital or upon discharge from the hospital, the family services worker will draft an affidavit in support of a request for an emergency care order (ECO) or CHINS petition.

Special Considerations for Cases Closing Prior to the Birth of an Infant

There may be instances where the family's court case is going to close or the *SDM Risk Reassessment* score is low or moderate, therefore indicating the case should close. Family services workers should complete as much information as possible on the checklist and, in consultation with supervisors, use the information from the checklist to determine whether the case should be closed or remain open until after the birth of the infant. Cases that are low or moderate risk may close in the first or second trimesters of pregnancy. Generally, cases should not close in the third trimester of pregnancy (in recognition of the additional risk that comes with having a newborn in the home) and the division should remain involved to assess for child safety prior to case closure. If a case is closed in the third trimester of pregnancy, the rationale should be documented in case notes.

Assessing Pregnancies and New Babies Born on Open Cases

Upon Learning of the Pregnancy

All Vermonters who become pregnant have access, both online and within local communities, to comprehensive and non-judgmental information about their options (parenting, co-parenting, adoption, or abortion), rights, and responsibilities. Division

staff will respect the values, beliefs, and decisions of the expectant parents.
It is important to begin planning as soon as the division becomes aware that a client is expecting a new baby. The open case and existing relationship present a unique opportunity to begin planning with the family as early as the first or second trimester of pregnancy. The division should be supportive of parents and jointly engaged in safety planning for their new baby. Family services workers must assess if expectant parents can safely care for their infant and what service referrals parents will need to support them in providing for the safety and well-being of the newborn.

In summary, the checklist includes the following overarching considerations:

- How will a newborn impact the identified dangers or safety concerns that currently exist for other children?
- Do the parents have the ability and willingness to protect the newborn, as well as the other children in the home?
- Is there anyone in the home or any household circumstances that would pose a different or additional threat to a newborn?
- Are the current circumstances different than the known history? Can the differences be articulated?
- If older children are not able to safely live with the parents, have circumstances changed that make it safe for a newborn to remain in this parent's care?
- Does the family have a safety network comprised of family, friends, or community members who care about the newborn and older children, and are willing to take action to support the family and keep the children safe?
- Is a safety plan needed?
- What has the family done to prepare for the newborn?
- What is the family's plan for the new baby?
- Has there been prenatal care? Has prenatal care been accessed consistently?
- What community referrals are needed, and has the family accessed them?
- When there are concerns of substance exposure during pregnancy, has the plan of safe care (POSC) been developed?

Prior to Birth

Planning and discussions about the new baby may occur through monthly visits in the home, team meetings, family safety planning meetings (FSPs), pediatric case consultations, or through other local partnerships that exist within communities.

As stated in Family Services Policy 70, contact standards are established by the federal government and one face-to-face contact per month with the child/youth and parents by the assigned family services worker is the contact minimum. When meeting with expectant parents, it is especially important for the visit to occur in the home where the

new baby will reside for the purposes of:

- Assessing the home environment;
- Observing whether the parents are preparing for the new baby;
- Engaging in ongoing dialogue about infant safe sleep and observing the place where the family intends for the infant to sleep; and
- Having ongoing conversations about identified risks.

When possible, it is helpful to have made collateral contacts prior to the home visit to support a comprehensive dialogue with the family. This allows the family services worker the opportunity to address any existing concerns each month during the pregnancy.

Monthly contact, conversations relevant to the pregnancy, and any areas of assessment from the checklist applicable to the expectant parents' circumstances (substance use, DV/IPV, residency/housing, and physical and mental health) should be documented in case notes.

The checklist includes a review and exploration of:

Division History / Prior Child Protection Involvement	• A review of prior accepted reports, the dates/timeframes, and a summary of the concerns and outcomes;
	• Knowledge of child protection history or involvement in other states in addition to Vermont;
	• Themes or patterns of unaccepted reports or significant events that were not accepted for a child safety intervention (CSI);
	• Consideration of any new reports, accepted or unaccepted, that were received since the last contact with the family;
	• The results of the last *SDM Safety Assessment* and *SDM Risk Assessment*; and
	• Particular attention and planning if the following circumstances apply:
	  ○ Termination of parental rights (TPR) petition has been filed; or
	  ○ Termination of parental rights (TPR) or voluntary relinquishment of rights to another child has previously occurred; or
	  ○ Either parent has previously experienced the death of a child which was suspicious for maltreatment or related to an unsafe sleep environment; or
	  ○ Serious physical injury of a child by a caretaker in the home happened previously; or

	○ Serious physical injury of a child was substantiated as "perpetrator unknown" and the caretaker was either alleged to have committed the abuse or knew about the abuse and did not take protective action.
Substance Use	• Whether there have been any reports, accepted or unaccepted, or information obtained that alleges use of illegal substances or misuse of prescribed or legal substances in the last six months; • Whether there are concerns about criminal activity associated with substances (drug dealing, trafficking, etc.); • Parent/caregiver's willingness to engage in a substance use assessment or treatment recommendations; and • If the parent/caregiver is in treatment: ○ Having signed and up-to-date releases; ○ Ongoing communication with treatment providers; and ○ Interviews with other collateral contacts (family members, formal and informal supports, etc.).
DV/IPV	• Whether there been any reports, accepted or unaccepted, or information obtained regarding DV/IPV in the home; • Whether there are current criminal charges related to DV/IPV or relief from abuse (RFA) orders in place; • Consideration of the impact of DV/IPV on the expectant mother and her pregnancy, including, but not limited to: ○ Is the pregnancy the result of sexual assault? ○ Is this a wanted or planned pregnancy by both parents? ○ Is reproductive coercion a factor? ○ Is there violence or threats of violence directed at the expectant mother's abdomen? ○ Is the partner supportive of the expectant mother receiving prenatal care? • Initial and ongoing consultation with a DV specialist. Additional Resource: Vermont Home Visitation Guide on Screening, Assessment, & Response to Domestic Violence
Residency / Housing	• Whether the family is currently homeless or experiencing housing insecurity in the upcoming months; • Whether there are concerns about the infant's sleeping environment for transient families; • If applicable, discussion of the family's plan to address housing insecurity and referrals to local housing agencies.

Physical & Mental Health	• Whether there have been any reports, accepted or unaccepted, or information obtained regarding concerns about any parent/caregiver's mental health; • Whether the mother experienced postpartum depression following previous births; • Whether the parents are connected to a medical home or primary care provider; • Whether any parent/caregiver has physical limitations that indicate a need for specialized services and/or planning; and • Ongoing consideration of indicators of concern and healthy functioning, such as: *level of consciousness and responses (whether disorientation, heightened irritability, or hallucinations are present), appearance (grooming, hygiene, posture, eye contact), general behavior/presentation, expressions/responses, affect, mood, attitude, insight, attentiveness, comprehension, impulse control, speech/language patterns, and cognitive functioning*.

Contact with the family and planning efforts should include prenatal care, assessing what support or items may be needed, and connecting the family with resources, referrals, and community connections.

A referral to Children's Integrated Services (CIS) is required for all pregnancies applicable to this policy. The *Strong Families Vermont Nurse Home Visiting Program* is accessed through a CIS referral and can be made anytime throughout pregnancy. Enrollment is encouraged during pregnancy, though participants may enroll prior to the newborn reaching 6 weeks of age.

Division staff will include as many members of the family's safety network as possible in efforts to plan for the newborn. If the family does not have a strong safety network or support system in place, the division should make efforts to support the family in this exploration, outreach, and dialogue. This may include use of genograms, ecomaps, circles of safety, or other engagement tools with both parents.

Prior to the birth of a new baby, information should be gathered about the mother's prenatal care, her partner's support of her receiving prenatal care, and the identity of the prenatal care provider.

If a family lacks items to support preparation for the birth of the baby (i.e., crib, mattress, clothing, blankets, nursing items or formula, diapers, changing pad, approved

car seat, stroller, or other identified needs), the local Vermont Department of Health Office is an excellent resource – specifically the Maternal and Child Health Division. Family services workers should direct specific inquiries to the local maternal child health care coordinators. Families can also be directed to Vermont 2-1-1 for local resources.

Conversations should occur with the parents about their other child(ren) and how their circumstances will change with a newborn. Any gaps in the family's plan will provide information about the parents' ability to protect and care for the newborn and may assist the worker in identifying where additional support is needed. Additionally, safe sleeping practices should be continually discussed with the parents and the Vermont Department of Health's Safe Sleep Brochure (Keep Your Sleeping Baby Safe: Information for Parents and Caregivers of Infants) should be shared.

In the Hospital

If any of the conversations or assessment described in the section above did not occur in the months leading up to the birth (if the division was unaware of the pregnancy, for instance), this information should be gathered while the newborn and parents are in the hospital. Discussions about safe sleeping practices should continue with the parents.

While the newborn and parents are in the hospital, the division will be in contact with physicians and/or hospital staff to gather information and receive ongoing updates on:

- How the infant is doing post-birth
- Infant-specific vulnerabilities
- Bonding and attachment
- Signs and symptoms of prenatal exposure to and withdrawal from substances, if applicable
- Mother/infant toxicology, if applicable
- Delivery complications and the impact on the mother's health, if applicable
- Parent or caretaker behaviors while in the hospital
- Parent protective capacities
- Other medical records that could include growth charts, discharge plans, etc.
- Other concerns about the infant's health or safety

If concerns are shared with the division by medical staff, the family services worker or other district office team member will visit the family in the hospital to address those concerns and assess the newborn's safety.

Division staff, as mandated reporters, are required to make a report to Centralized Intake and Emergency Services (CIES) if they have cause to believe the newborn may have been abused or neglected after the birth or while the family is still in the hospital.

There may be times when division staff gather information which indicates it is not safe to discharge the newborn to the care of the parents. In these instances, the family services worker shall document all information gathered in preparation to request an emergency care order (ECO) or CHINS petition.

Plans of Safe Care for Substance Exposed Newborns

Signs of prenatal exposure to substances and withdrawal include:

- Facial characteristics of fetal alcohol syndrome
- Irritability
- Irregular and rapid changes in states of arousal
- Low birth weight
- Prematurity
- Difficulties with feeding due to poor suck
- Irregular sleep-wake cycles
- Decreased or increased muscle tone
- Seizures or tremors
- Excessive crying or high-pitched crying
- Medical complications, such as those requiring treatment in a Neonatal Intensive Care Unit (NICU)

If these signs are observed by a family services worker, the information should be communicated immediately to the medical provider.

The following tasks are required for cases involving a newborn identified as being affected by legal or illegal substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder:

If the newborn is placed in out-of-home care (including DCF custody or CCO with relatives)	A plan of safe care (POSC) will be created with the parent(s) and foster parents/caregivers, and this will be documented in case notes using the phrase “plan of safe care” or “POSC”.
If the newborn can safely remain at home (including CCOs with parents, family support cases, and instances where no further division involvement is needed)	The worker should discuss and review the plan of safe care (POSC) with the child’s primary care provider, and this will be documented in case notes using the phrase “plan of safe care” or “POSC”.

The plan of safe care will include the following:

- Information about referrals made to Children's Integrated Services (CIS) and other services, if necessary;
- The infant's primary care provider and date of next appointment;
- Identified treatment needs of parent(s) or caregiver(s) and treatment in place; and
- Identified community and family supports for parent(s) or caregivers(s) and the infant.

At Home (Post-Birth)

Family services workers are required to visit the home within three business days of the newborn's discharge from the hospital and will conduct a second subsequent home visit within two weeks of discharge.

The American Academy of Pediatrics (AAP) recommends that babies receive checkups from their pediatric medical home at birth, 3 to 5 days after birth, and then at 1, 2, 4, 6, 9, 12, 15, 18 and 24 months. At least one checkup should have occurred at the time of a post-birth home visit. Discussion with the parents about the checkup and infant's health should occur.

If any of the conversations or assessment described in the two sections above did not occur in the months leading up to the birth or in the hospital (if the division was unaware of the pregnancy and birth, for instance), this information should be gathered during a home visit after the infant's birth. Post-birth assessment should include conversation and observation about how the baby is doing since the birth, parental behavior and caretaking, the home environment (including the sleep environment), the dynamics with other children in the home, pediatric visits, and post-birth medical care for the mother.

While in the home, division staff should observe the infant's sleeping environment. Some of the common concerns identified as unsafe sleeping environments consist of:

- Sleeping on the same mattress, couch, or recliner with a parent, sibling, or pet;
- The presence of blankets, pillows, cushions, bumper pads, toys, or loose clothing that could obstruct breathing;
- The presence of other items, such as laundry or storage items, in a crib or pack and play that would indicate the area is not being used for sleeping;
- Placing an infant on their stomach or side to sleep;
- Cribs that have a drop-down side or a mattress that is not closely fitted to the sides and bottom of the crib; or
- Allowing an infant to regularly sleep in a car seat, baby seat, or swing.

Family services workers will address any identified unsafe sleep concern immediately upon observing or learning of the concern.

A new *SDM Safety Assessment* shall be completed on open cases when there are changes in the family or household circumstances. A change in the family or household circumstances includes the birth of a baby. If any dangers are identified, the family safety planning (FSP) framework should be used to develop a safety plan.

Taking Appropriate Action When Needed

While assessing expectant parents and infants born during open cases, family services workers are continually taking action to support the family and connect them to resources and supports throughout the pregnancy.

The assigned worker will make a report to Centralized Intake and Emergency Services (CIES) for consideration of a CHINS (B) family assessment as described in Family Services Policy 51 in the following instances:

- The assigned worker has not been able to locate or engage the expectant parents to assess safety and diligent and documented attempts have been made through monthly home visits, phone calls, outreach to the family's support network (natural supports, DOC, Economic Services, school, pediatrician, etc.) and it is within 30 days of the expected delivery date; or
- A termination of parental rights (TPR) order has been granted for another child(ren) while the ongoing case is still open.

At the district office's discretion, the CHINS (B) family assessment may be assigned to the family services worker assigned to the open case or an investigation/assessment family services worker. As stated in Family Services Policy 52, the district's child safety intervention (CSI) supervisor will supervise all CSIs, even if the worker normally reports to another supervisor.

When a district assigns the CSI to an investigation/assessment worker, the case will be teamed with the worker assigned to the open case. The worker assigned to the open case will provide documentation of information gathered throughout the pregnancy and an overview of the family history with the division as needed for the case disposition and/or a CHINS petition.

Seeking Court Involvement

As stated in Family Services Policy 85, if it is necessary for a child to be in the care of an alternative caretaker on an extended basis through a safety plan to address identified dangers, it is **not** appropriate for division staff to encourage or recommend that the

family address the concern through the use of probate court for a minor guardianship. If court intervention is needed because the parents are unable to safely care for their child, the case should be referred to the state's attorney for a CHINS petition.

Information about seeking an emergency care order (ECO) or non-emergency CHINS petition is found in Family Services Policy 82.

Checklist for Assessing Expectant Parents & the Safety of Newborns on Open Cases

Use this tool when a parent with an open CF, CS, or CC case is expecting another child. It will help you to consider all relevant factors related to the safety and planning for newborns and determine whether additional supports or a higher level of intervention are needed. It is intended to support continuous assessment throughout a pregnancy and post-birth.

This document is a checklist, mental map, and supervision tool. The assigned Family Services Worker should complete the checklist, update it as new information is learned, and share it with their supervisor. Information used to complete the checklist should be documented in case notes.

Items in blue are reassessed monthly if the section applies to the family's circumstances. Items in orange are completed once before the birth of the infant — though these categories may reflect prompts for ongoing conversations with the family.

Family's Names: _____ **SSMIS #:** _____

Date assessment was initiated: _____ **Estimated due date:** _____

Date(s) revised: _____

Family Services Worker(s): _____

Supervisor: _____

Prior Child Protection Involvement (in Vermont or other states)

Completed once upon learning of new pregnancy

- ☐ In case notes using the phrase "case history" to introduce the entry: list accepted reports, intake numbers & dates, and then summarize the concerns and outcomes. Include the report that led to the currently open case and any known child protection involvement in other states. This information may be found in previous case determinations, affidavits, and the family's case plan.
- ☐ In the same case note, summarize themes or patterns of unaccepted reports or significant events not accepted for a child safety intervention (CSI).

Date of last SDM Safety Assessment: _____ Date of last SDM Risk/Re Assessment: _____

Check the boxes below if the circumstances apply to the expectant parents:

- ☐ Termination of parental rights (TPR) petition has been filed
- ☐ TPR or voluntary relinquishment of rights to another child happened previously
- ☐ Either parent previously experienced the death of a child which was suspicious for maltreatment or related to an unsafe sleep environment
- ☐ Serious physical injury of a child by a caretaker in the home happened previously
- ☐ Serious physical injury of a child was substantiated as "perpetrator unknown" and the caretaker was either alleged to have committed the abuse or knew about the abuse and did not take protective action

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- ☐ The supervisor and district director were notified about the pregnancy if any boxes above were checked
- ☐ The pregnancy is documented in case notes and narrative/explanation is included if any boxes above are checked (include MIS # or docket # to reference TPR findings, criminal charges if serious physical abuse resulted in criminal case, etc.)

Substance Use

Continually assessed each month & action taken as needed.

- Were substance use concerns identified as a risk factor on the most recent *SDM Risk Assessment?*
  ☐ Yes ☐ No
- Have there been any reports (accepted or unaccepted) or information obtained that alleges use of illegal substances or misuse of prescribed/legal substances in the last six months?
  ☐ Yes ☐ No ☐ New information obtained _____
- Are there concerns about substance-related criminal activity (drug dealing, trafficking, etc.)?
  ☐ Yes ☐ No ☐ New information obtained _____
- If parent/caretaker is not currently in treatment and substance use has been identified as a concern, is parent/caretaker willing to engage in a substance use assessment?
  ☐ Yes ☐ No ☐ N/A

Date of the last UNCOPE screening or substance use assessment: _____

☐ Referred to Policy 65 for information about the use of the UNCOPE screening tool, substance use indicators checklist, and drug testing

☐ Entered narrative/explanation/monthly update into case notes if substance use is applicable

If parent/caretaker is engaged in any form of treatment:

☐ Releases are signed and up-to-date per Policy 65

☐ FSW has communicated with treatment providers

☐ FSW has interviewed other collateral contacts (family members, formal & informal supports, etc.)

Domestic Violence (DV) / Intimate Partner Violence (IPV)

Continually assessed each month & action taken as needed.

- Was DV/IPV an identified risk factor on the most recent *SDM Risk Assessment*? ☐ Yes ☐ No
- Have there been any reports (accepted or unaccepted) or new information obtained regarding DV/IPV in the home or perpetrated by the current partner?
  ☐ Yes ☐ No ☐ New information obtained _____
- Are there current criminal charges, conditions of release, probation conditions, or protective orders related to DV/IPV in place?
  ☐ Yes ☐ No ☐ New information obtained _____
- Is reproductive coercion a factor?
  ☐ Yes ☐ No ☐ New information obtained _____
- Is there violence or threats of violence directed at the expectant mother's abdomen?
  ☐ Yes ☐ No ☐ New information obtained _____
- Is the partner supportive of the expectant mother receiving prenatal care?
  ☐ Yes ☐ No ☐ New information obtained _____

If DV/IPV is indicated:

☐ DV Specialist has been consulted and consultation will continue as needed

☐ Information has been shared about DV/IPV community resources

☐ Entered narrative/explanation/update into case notes as guided by Policy 41 (consideration should be given to whether discoverable, specific information about the protective parent's location or plan would compromise the safety of the child(ren) or parent)

Residency / Housing

Continually assessed each month & action taken as needed.

- Is the family currently homeless or experiencing housing insecurity in the coming months?
  ☐ Yes ☐ No ☐ New information obtained _____
- Are there concerns about the infant's sleeping environment for transient families?
  ☐ Yes ☐ No ☐ New information obtained _____

☐ Referred family to local housing agency
☐ If homelessness or housing insecurity is indicated, entered narrative/explanation/update into case notes

Physical & Mental Health

Continually assessed each month & action taken as needed.

- Were mental health issues for any parent/caregiver in the home a factor identified on the most recent *SDM Risk Assessment*? ☐ Yes ☐ No
- Have there been any reports (accepted or unaccepted) or information obtained regarding concerns about any parent/caregiver's mental health?
  ☐ Yes ☐ No ☐ New information obtained _____
- Did the mother experience postpartum depression after previous births? ☐ Yes ☐ No
- Are the parents connected to a medical home or primary care provider?
  ☐ Yes ☐ No ☐ New information obtained _____
- Does any parent/caregiver have physical or cognitive limitations that indicate a need for specialized services or planning? ☐ Yes ☐ No

☐ Entered narrative/explanation/update into case notes, including a description of the parent/caregiver's presentation at the time of the monthly home visit

Consider both indicators of concern & healthy functioning, such as level of consciousness and responses (whether disorientation, heightened irritability, or hallucinations are present), appearance (grooming, hygiene, posture, eye contact), general behavior/presentation, expressions/responses, affect, mood, attitude, insight, attentiveness, comprehension, impulse control, speech/language patterns, and cognitive functioning.

Prior to Infant's Birth

Completed once prior to the birth (though these categories reflect prompts for ongoing conversations with the family)

Home Environment

☐ FSDNet, VCAS, and DOC search on all household members 16 years and older
☐ In case notes using the phrase "background checks on household members" to introduce the entry: list the results from FSDNet, VCAS, and DOC databases and include any pertinent explanation or information based on the search results
☐ Home visit occurred one week before the due date (in addition to regular monthly visits)
☐ Home is adequately clean and free from infant/child safety hazards
☐ FSW has observed that the family has planned for birth and hospital discharge by obtaining necessary items (crib, infant supplies, clothing, etc.)
☐ Distributed VDH's Safe Sleep materials and discussed safe sleeping practices with the family
☐ Observed the safe sleep area where infant will sleep
☐ Met all adults, youth, and children living in the home

Prior to Infant's Birth (continued)

Completed once prior to the birth of the infant
(though these categories reflect prompts for ongoing conversations)

Prenatal Care

- Is the expectant mother receiving prenatal care? ☐ Yes ☐ No ☐ Inconsistently
- Do medical providers have any concerns with attendance, recommendations, or follow-through? ☐ Yes ☐ No ☐ New information obtained _____

☐ FSW is in contact with medical providers

☐ Entered a narrative/explanation/update into case notes about prenatal care

Network Support

Who is in the family's safety and support network?

☐ Used genograms, ecomaps, circles of safety, or other engagement tools with both parents

☐ FSW has made a Children's Integrated Services (CIS) referral

☐ FSW has made appropriate referrals or the referrals have already been made by others (WIC, child care, home visiting, or other community resources)

List of referrals:

Protective Factors

☐ Engaged with Children's Integrated Services (CIS)

☐ Enrolled in Strong Families Vermont Nurse Home Visiting Program

☐ Enrolled in Early Head Start Home Visiting Program

☐ Lactation nursing program/support

☐ Connected with the local Parent/Child Center

☐ WIC Support

☐ ESD Benefit Programs (3SquaresVT, Reach Up, Emergency Assistance, Fuel Assistance, etc.)

☐ Child Care

☐ Has an established safety and support network

☐ Parents demonstrate knowledge of parenting and child development

☐ Proactively engaged in treatment (substance use, mental health, or other form of treatment)

☐ Consistent with appointments (medical, prenatal, other appointments)

☐ Has a job or attends school full time

☐ Has stable housing

☐ Other:

☐ Other:

In the Hospital

A visit in the hospital is only required if medical providers express concerns about the newborn's safety or a parent's behaviors/interactions.

- Have medical providers shared concerns about the parents/caretakers in the hospital setting? ☐ Yes ☐ No
- Were there any pregnancy or labor complications, or other challenges to the mother's ability to care for the infant, which would require specialized planning with the family's network or others? ☐ Yes ☐ No
- Have medical providers shared any concerns about postpartum depression? ☐ Yes ☐ No
- Have medical providers indicated or has FSW observed that that the infant has displayed signs/symptoms of prenatal exposure to substances? ☐ Yes ☐ No
- If the newborn is substance-exposed, was a plan of safe care (POSC) created? ☐ Yes ☐ No ☐ N/A
- Does the infant have any specialized medical needs or vulnerabilities that will require heightened safety planning or coordination? ☐ Yes ☐ No

☐ Entered a narrative/explanation/description if 'Yes' was selected on any boxes above

☐ FSW has interviewed medical providers

☐ If medical providers express concerns about the newborn's safety or a parent's behaviors/interactions, FSW has visited the family in the hospital and observed parents interacting with the infant

☐ Entered a description of the parents' interactions with the infant into case notes

Suggested considerations: Are they bonding? Are they demonstrating awareness of infant's developmental needs? Are they open to education, support, or correction from hospital staff? How are they interacting with each other? Have controlling or undermining behaviors been observed in the hospital? Do the parents support each other? Are there any concerns being reported?

Post-Birth

☐ FSW has visited the home within three business days of the newborn's discharge from the hospital

☐ Visited the parent(s)' home ☐ Visited a CCO home ☐ Visited a kinship/foster care home

☐ Following the first visit, the FSW made another home visit two weeks after discharge from the hospital

☐ If applicable, FSW has had face-to-face contact with other children in the home post-birth

☐ If applicable, FSW has contacted other adults in the home post-birth

☐ FSW has completed the *SDM Safety Assessment* due to a change in circumstance

☐ FSW has entered a case note describing the post-birth home visits and observations related to bonding and attachment, feeding, sleep environment, and general presentation of the caregivers and home

- Has a pediatric medical home been identified for the newborn? ☐ Yes ☐ No
- Are there any new or continuing concerns regarding the home environment? ☐ Yes ☐ No
- Do the parents demonstrate an understanding of infant's developmental milestones and needs? ☐ Yes ☐ No

☐ FSW has ongoing communication with the pediatrician, visiting home nurse, and/or other medical provider to confirm infant is being seen for all medical appointments and is gaining weight

☐ Provider statements, observations, and dates of contact are documented in case notes

The Vermont Statutes Online

The Statutes below include the actions of the 2025 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 33: Human Services

Chapter 49: Child Welfare Services

Subchapter 1: GENERAL PROVISIONS

§ 4901. Statement of purposes

The Department may cooperate with the appropriate federal agency for the purpose of establishing, extending, and strengthening services that supplement or substitute for parental care and supervision, including:

(1) preventing, remedying, or assisting in the solution of problems that may result in neglect, abuse, exploitation, or delinquency of children;

(2) protecting and caring for homeless, dependent, or neglected children;

(3) protecting and promoting the welfare of children of working parents;

(4) otherwise protecting and promoting the welfare of children, including the strengthening of their homes where possible or, where needed, providing adequate care away from their homes in child-care facilities; and

(5) assisting youth in a successful transition to an independent adulthood, including the avoidance of homelessness, incarceration, and substance abuse. (Added 1967, No. 147, § 5; amended 2005, No. 174 (Adj. Sess.), § 117; 2007, No. 74, § 1, eff. June 6, 2007.)

§ 4902. Definitions

As used in this chapter:

(1) “Child” means a person under 18 years of age committed by the Family Division of the Superior Court to the Department for Children and Families.

(2) “Commissioner” means the Commissioner for Children and Families.

(3) “Department” means the Department for Children and Families.

(4) “Foster care” means care of a child, for a valuable consideration, in a child care institution or in a family other than that of the child’s parent, guardian, or relative. (Added 1967, No. 147, § 5; amended 1973, No. 152 (Adj. Sess.), §§ 22, 31, eff. April 14, 1974; 1981, No. 171 (Adj. Sess.), § 2, eff. April 20, 1982; 1983, No. 248 (Adj. Sess.), § 5; 1989, No. 42, eff. May 5, 1989; 1999, No. 147 (Adj. Sess.), § 4; 2005, No. 174 (Adj. Sess.), § 118; 2013, No. 131 (Adj. Sess.), § 74, eff. May 20, 2014; 2021, No. 20, § 333.)

§ 4903. Responsibility of Department

The Department may expend, within amounts available for the purposes, what is necessary to protect and promote the welfare of children and adults in this State, including the strengthening of their homes whenever possible, by:

(1) Investigating complaints of neglect, abuse, or abandonment of children, including when, whether, and how names are placed on the Child Protection Registry.

(2) Providing aid and services to the extent necessary for the purpose of permitting children to remain in their own homes.

(3) Supervising and controlling children committed to it by a court.

(4) Providing substitute parental care and custody for a child upon application of his or her parent, guardian, or any person acting in behalf of the child, when after investigation it is found that the care and custody will be in the best interests of the child. The acceptance of a child by the Department shall not abrogate parental rights or responsibilities, but the Department may accept from the parents temporary delegation of certain rights and responsibilities necessary to provide care and custody for a period of up to six months under conditions agreed upon by the parents and the Department. Upon a stipulation approved by the Family Division of the Superior Court, the period may be extended for additional periods of up to six months each, provided that each extension is first determined by the parties to be necessary, and that it is in the best interests of the child.

(5) Providing financial aid to persons who were committed to the Department at the time they attained the age of majority and who are completing an educational, vocational, or technical training program designed to equip them for gainful employment.

(6) Providing aid to certain adopted children who prior to their adoption were in the care and custody of the Department.

(7) Providing aid to a child in the permanent guardianship of a relative if the child was in the care and custody of the Department and was placed in the home of the relative for at least six months prior to the creation of the guardianship. (Added 1967, No. 147, § 5; amended 1971, No. 206 (Adj. Sess.); 1975, No. 19; 1981, No. 243 (Adj. Sess.), § 3; 2005, No. 174 (Adj. Sess.), § 119; 2009, No. 97 (Adj. Sess.), § 2; 2021, No. 20, § 334; 2023, No. 154 (Adj. Sess.), § 1, eff. September 1, 2024.)

§ 4904. Foster care; transitional youth services

(a) As used in this section, “youth” means a person between 18 and 22 years of age who either:

(1) attained his or her 18th birthday while in the custody of the Commissioner for Children and Families; or

(2) while he or she was between 10 and 18 years of age, spent at least five of those years in the custody of the Commissioner for Children and Families.

(b)(1) The Department shall provide foster care services as described in subsection (c) of this section to:

(A) any youth who elects to continue receiving such services after attaining the age of 18;

(B) any individual under the age of 22 who leaves State custody after the age of 16 and at or before the age of 18 or any youth provided he or she voluntarily requests additional support services.

(2) The Department shall require a youth receiving services under this section to be employed, to participate in a program to promote employment or remove barriers to employment, or to attend an educational or vocational program, and, if the youth is working, require that he or she contribute to the cost of services based on a sliding scale, unless the youth meets the criteria for an exception to the employment and educational or vocational program requirements of this section based on a disability or other good cause. The Department shall establish rules for the requirements and exceptions under this subdivision.

(c) The Commissioner shall establish by rule a program to provide a range of age-appropriate services for youth to ensure a successful transition to adulthood, including foster care and other services provided under this chapter to children as appropriate, housing assistance, transportation, case management services, assistance with obtaining and retaining health care coverage or employment, and other services. At least 12 months prior to a child attaining his or her 18th birthday, the Department shall assist the child in developing a transition plan. When developing the transition plan, the child shall be informed about the range of age appropriate services and assistance available in applying for or obtaining these services.

(d) [Repealed.] (Added 2007, No. 74, § 2, eff. June 6, 2007; amended 2009, No. 97 (Adj. Sess.), §§ 3, 4; 2013, No. 142 (Adj. Sess.), § 102.)

§ 4905. Foster care and placement licensing

(a) A person other than an employee of a department within the Agency of Human Services shall not place any child in foster care for more than 15 consecutive days unless the person has a license from the Department to do so or is an employee of a child placing agency licensed by that Department.

(b) A person shall not receive, board, or keep any child in foster care for more than 15 consecutive days unless he or she has a license from the Department to do so. This subsection shall not apply to foster homes approved by a department within the Agency of Human Services or by a licensed child placing agency, nor shall it apply to those facilities where educational or vocational training is the primary service and foster care is a supportive service only.

(c) This section shall not restrict the right of a court, parent, guardian, or relative to place a child, nor the right of a person not in the business of providing foster care or child care to receive, board, and keep a child when a valuable consideration is not demanded or received for the child's care and maintenance. (Added 2013, No. 131 (Adj. Sess.), § 75.)

§ 4906. Foster care; reasonable and prudent parent standard

(a) As used in this section:

(1) "Caregiver" means a foster parent, including a kinship foster parent or residential treatment or other program, with whom a child or youth in the custody of the Commissioner for Children and Families has been placed.

(2) "Reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child or youth in the custody of the Commissioner while at the same time encouraging the emotional and developmental growth of the child that a caregiver shall use when determining whether to allow a child in the custody of the Commissioner to participate in extracurricular, enrichment, cultural, and social activities.

(b) A caregiver shall use the reasonable and prudent parent standard when determining whether to allow a child in the custody of the Commissioner to participate in extracurricular, enrichment, cultural, and social activities.

(c) A caregiver shall not be liable for injuries to a child in the custody of the Commissioner that occur as a result of acting in accordance with the reasonable and prudent parent standard. A caregiver acting in good faith in compliance with the reasonable and prudent parent standard shall be immune from civil liability arising from such action. (Added 2017, No. 106 (Adj. Sess.), § 1.)

Subchapter 2: REPORTING ABUSE OF CHILDREN

§ 4911. Purpose

The purpose of this subchapter is to:

(1) protect children whose health and welfare may be adversely affected through abuse or neglect;

(2) strengthen the family and make the home safe for children whenever possible by enhancing the parental capacity for good child care;

(3) provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes require the reporting of suspected child abuse and neglect, an assessment or investigation of such reports and provision of services, when needed, to such child and family;

(4) establish a range of responses to child abuse and neglect that take into account different degrees of child abuse or neglect and that recognize that child offenders should be treated differently from adults;

(5) establish a tiered child protection registry that balances the need to protect children and the potential employment consequences of a registry record for a person's conduct that is substantiated for child abuse and neglect; and

(6) ensure that in the Department for Children and Families' efforts to protect children from abuse and neglect, the Department also ensures that investigations are thorough, unbiased, based on accurate and reliable information weighed against other supporting or conflicting information, and adhere to due process requirements. (Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982; amended 2007, No. 168 (Adj. Sess.), § 1; 2023, No. 154 (Adj. Sess.), § 2, eff. September 1, 2024.)

§ 4912. Definitions

As used in this subchapter:

(1) "Abused or neglected child" means a child whose physical health, psychological growth and development, or welfare is harmed or is at substantial risk of harm by the acts or omissions of his or her parent or other person responsible for the child's welfare. An "abused or neglected child" also means a child who is sexually abused or at substantial risk of sexual abuse by any person and a child who has died as a result of abuse or neglect.

(2) "Assessment" means a response to a report of child abuse or neglect that focuses on the identification of the strengths and support needs of the child and the family and any services they may require to improve or restore their well-being and to reduce the risk of future harm. The child and family assessment does not result in a formal determination as to whether the reported abuse or neglect has occurred.

(3) "Child" means an individual under the age of majority.

(4) "Child Protection Registry" means a record of all investigations that have resulted in a substantiated report on or after January 1, 1992.

(5) "Emotional maltreatment" means a pattern of malicious behavior that results in impaired psychological growth and development.

(6) "Harm" can occur by:

(A) Physical injury or emotional maltreatment.

(B) Failure to supply the child with adequate food, clothing, shelter, or health care. As used in this subchapter, "adequate health care" includes any medical or nonmedical remedial health care permitted or authorized under State law. Notwithstanding that a child might be found to be without proper parental care under chapters 51 and 53 of this title, a parent or other person responsible for a child's care legitimately practicing his or her religious beliefs who thereby does not provide specified medical treatment for a child shall not be considered neglectful for that reason alone.

(C) Abandonment of the child.

(7) “Investigation” means a response to a report of child abuse or neglect that begins with the systematic gathering of information to determine whether the abuse or neglect has occurred and, if so, the appropriate response. An investigation shall result in a formal determination as to whether the reported abuse or neglect has occurred.

(8) “Member of the clergy” means a priest, rabbi, clergy member, ordained or licensed minister, leader of any church or religious body, accredited Christian Science practitioner, or person performing official duties on behalf of a church or religious body that are recognized as the duties of a priest, rabbi, clergy, nun, brother, ordained or licensed minister, leader of any church or religious body, or accredited Christian Science practitioner.

(9) “Multidisciplinary team” means a group of professionals, paraprofessionals, and other appropriate individuals impaneled by the Commissioner under this chapter for the purpose of assisting in the identification and review of cases of child abuse and neglect, coordinating treatment services for abused and neglected children and their families, and promoting child abuse prevention.

(10) “Person responsible for a child’s welfare” includes the child’s parent, guardian, foster parent, any other adult residing in the child’s home who serves in a parental role; an employee of a public or private residential home, institution, or agency; or other person responsible for the child’s welfare while in a residential, educational, or child care setting, including any staff person.

(11) “Physical injury” means death or permanent or temporary disfigurement or impairment of any bodily organ or function by other than accidental means.

(12) “Redacted investigation file” means the intake report, the investigation activities summary, and case determination report that are amended in accordance with confidentiality requirements set forth in section 4913 of this title.

(13) “Registry record” means an entry in the Child Protection Registry that consists of the name of an individual substantiated for child abuse or neglect, the date of the finding, the nature of the finding, and at least one other personal identifier, other than a name, listed in order to avoid the possibility of misidentification.

(14) “Risk of harm” means a significant danger that a child will suffer serious harm by other than accidental means, which harm would be likely to cause physical injury, or sexual abuse, including as the result of:

(A) a single, egregious act that has caused the child to be at significant risk of serious physical injury;

(B) the production or preproduction of methamphetamines when a child is actually present;

(C) failing to provide supervision or care appropriate for the child’s age or development and, as a result, the child is at significant risk of serious physical injury;

(D) failing to provide supervision or care appropriate for the child’s age or development due to use of illegal substances or misuse of prescription drugs or alcohol;

(E) failing to supervise appropriately a child in a situation in which drugs, alcohol, or drug paraphernalia are accessible to the child; and

(F) a registered sex offender or person substantiated for sexually abusing a child residing with or spending unsupervised time with a child.

(15) “Sexual abuse” consists of any act or acts by any person involving sexual molestation or exploitation of a child, including:

(A) incest;

(B) prostitution;

(C) rape;

(D) sodomy;

(E) lewd and lascivious conduct involving a child;

(F) aiding, abetting, counseling, hiring, or procuring of a child to perform or participate in any photograph, motion picture, exhibition, show, representation, or other presentation that, in whole or in part, depicts sexual conduct, sexual excitement, or sadomasochistic abuse involving a child;

(G) viewing, possessing, or transmitting child pornography, with the exclusion of the exchange of images between mutually consenting minors, including the minor whose image is exchanged;

(H) human trafficking;

(I) sexual assault;

(J) voyeurism;

(K) luring a child; or

(L) obscenity.

(16) "Substantiated report" means that the Commissioner or the Commissioner's designee has determined after investigation that a report is based upon accurate and reliable information where there is a preponderance of the evidence necessary to support the allegation that the child has been abused or neglected.

(17) "Serious physical injury" means, by other than accidental means:

(A) physical injury that creates any of the following:

(i) a substantial risk of death;

(ii) a substantial loss or impairment of the function of any bodily member or organ;

(iii) a substantial impairment of health; or

(iv) substantial disfigurement; or

(B) strangulation by intentionally impeding normal breathing or circulation of the blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person. (Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982; amended 1985, No. 211 (Adj. Sess.), §§ 1, 2; 1989, No. 295 (Adj. Sess.), §§ 1, 2; 1991, No. 141 (Adj. Sess.), § 1; 1995, No. 145 (Adj. Sess.), § 5; 2001, No. 135 (Adj. Sess.), § 15, eff. June 13, 2002; 2003, No. 43, § 2, eff. May 27, 2003; 2003, No. 66, § 136a; 2007, No. 77, § 1, eff. June 7, 2007; 2007, No. 168 (Adj. Sess.), § 2; 2007, No. 172 (Adj. Sess.), § 18; 2013, No. 131 (Adj. Sess.), § 76, eff. May 20, 2014; 2015, No. 60, § 3; 2023, No. 154 (Adj. Sess.), § 3, eff. September 1, 2024.)

§ 4913. Reporting child abuse and neglect; remedial action

(a) A mandated reporter is any:

(1) health care provider, including any:

(A) physician, surgeon, osteopath, chiropractor, or physician assistant licensed, certified, or registered under the provisions of Title 26;

(B) resident physician;

(C) intern;

(D) hospital administrator in any hospital in this State;

(E) registered nurse;

(F) licensed practical nurse;

(G) medical examiner;

(H) emergency medical personnel as defined in 24 V.S.A. § 2651(6);

(I) dentist;

(J) psychologist; and

(K) pharmacist;

(2) individual who is employed by a school district or an approved or recognized independent school, or who is contracted and paid by a school district or an approved or recognized independent school to provide student services, including any:

(A) school superintendent;

(B) headmaster of an approved or recognized independent school as defined in 16 V.S.A. § 11;

(C) school teacher;

(D) student teacher;

(E) school librarian;

(F) school principal; and

(G) school guidance counselor;

(3) child care worker;

(4) mental health professional;

(5) social worker;

(6) probation officer;

(7) employee, contractor, and grantee of the Agency of Human Services who have contact with clients;

(8) police officer;

(9) camp owner;

(10) camp administrator;

(11) camp counselor;

(12) member of the clergy; or

(13) employee of the Office of the Child, Youth, and Family Advocate established pursuant to chapter 32 of this title.

(b) As used in subsection (a) of this section, “camp” includes any residential or nonresidential recreational program.

(c) Any mandated reporter who reasonably suspects abuse or neglect of a child shall report in accordance with the provisions of section 4914 of this title within 24 hours of the time information regarding the suspected abuse or neglect was first received or observed.

(d)(1) The Commissioner shall inform the person who made the report under subsection (a) of this section:

(A) whether the report was accepted as a valid allegation of abuse or neglect;

(B) whether an assessment was conducted and, if so, whether a need for services was found; and

(C) whether an investigation was conducted and, if so, whether it resulted in a substantiation.

(2) Upon request, the Commissioner shall provide relevant information contained in the case records concerning a person’s report to a person who:

(A) made the report under subsection (a) of this section; and

(B) is engaged in an ongoing working relationship with the child or family who is the subject of the report.

(3) Any information disclosed under subdivision (2) of this subsection shall not be disseminated by the mandated reporter requesting the information. A person who intentionally violates the confidentiality provisions of this section shall be fined not more than $2,000.00.

(4) In providing information under subdivision (2) of this subsection, the Department may withhold:

(A) information that could compromise the safety of the reporter or the child or family who is the subject of the report; or

(B) specific details that could cause the child to experience significant mental or emotional stress.

(e) Any other concerned person not listed in subsection (a) of this section who has reasonable cause to believe that any child has been abused or neglected may report or cause a report to be made in accordance with the provisions of section 4914 of this title.

(f)(1) Any person other than a person suspected of child abuse, who in good faith makes a report to the Department shall be immune from any civil or criminal liability that might otherwise be incurred or imposed as a result of making a report.

(2) An employer or supervisor shall not discharge; demote; transfer; reduce pay, benefits, or work privileges; prepare a negative work performance evaluation; or take any other action detrimental to any employee because that employee filed a good faith report in accordance with the provisions of this subchapter. Any person making a report under this subchapter shall have a civil cause of action for appropriate compensatory and punitive damages against any person who causes detrimental changes in the employment status of the reporting party by reason of his or her making a report.

(g) The name of and any identifying information about either the person making the report or any person mentioned in the report shall be confidential unless:

(1) the person making the report specifically allows disclosure;

(2) a Human Services Board proceeding or a judicial proceeding results from the report;

(3) a court, after a hearing, finds probable cause to believe that the report was not made in good faith and orders the Department to make the name of the reporter available; or

(4) a review has been requested pursuant to section 4916a of this title, and the Department has determined that identifying information can be provided without compromising the safety of the reporter or the persons mentioned in the report.

(h)(1) A person who violates subsection (c) of this section shall be fined not more than $500.00.

(2) A person who violates subsection (c) of this section with the intent to conceal abuse or neglect of a child shall be imprisoned not more than six months or fined not more than $1,000.00, or both.

(3) This section shall not be construed to prohibit a prosecution under any other provision of law.

(i) Except as provided in subsection (j) of this section, a person may not refuse to make a report required by this section on the grounds that making the report would violate a privilege or disclose a confidential communication.

(j) A member of the clergy shall not be required to make a report under this section if the report would be based upon information received in a communication that is:

(1) made to a member of the clergy acting in his or her capacity as spiritual advisor;

(2) intended by the parties to be confidential at the time the communication is made;

(3) intended by the communicant to be an act of contrition or a matter of conscience; and

(4) required to be confidential by religious law, doctrine, or tenet.

(k) When a member of the clergy receives information about abuse or neglect of a child in a manner other than as described in subsection (j) of this section, he or she is required to report on the basis of that information even though he or she may have also received a report of abuse or neglect about the same person or incident in the manner described in subsection (j) of this section.

(l) A mandated reporter as described in subdivision (a)(2) of this section shall not be deemed to have violated the requirements of this section solely on the basis of making condoms available to a secondary school student in accordance with 16 V.S.A. § 132. (Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982; amended 1983, No. 169 (Adj. Sess.), § 1; 1985, No. 208 (Adj. Sess.), § 19, eff. June 30, 1986; 1989, No. 295 (Adj. Sess.), § 3; 1993, No. 156 (Adj. Sess.), § 1; 2003, No. 43, § 3, eff. May 27, 2003; 2005, No. 101 (Adj. Sess.), § 2; 2007, No. 77, § 1, eff. June 7, 2007; 2007, No. 168 (Adj. Sess.), § 3, eff. Jan. 1, 2009; 2007, No. 172 (Adj. Sess.), § 19; 2009, No. 1, § 45; 2011, No. 156 (Adj. Sess.), § 28, eff. May 16, 2012; 2011, No. 159 (Adj. Sess.), § 7; 2015, No. 60, § 4; 2019, No. 157 (Adj. Sess.), § 6, eff. July 1, 2021; 2021, No. 20, § 335; 2021, No. 129 (Adj. Sess.), § 2, eff. January 1, 2023.)

§ 4914. Nature and content of report; to whom made

A report shall be made orally or in writing to the Commissioner or designee. The Commissioner or designee shall request the reporter to follow the oral report with a written report, unless the reporter is anonymous. Reports shall contain the name and address or other contact information of the reporter as well as the names and addresses of the child and the parents or other persons responsible for the child's care, if known; the age of the child; the nature and extent of the child's injuries together with any evidence of previous abuse and neglect of the child or the child's siblings; and any other information that might be helpful in establishing the cause of the injuries or reasons for the neglect as well as in protecting the child and assisting the family. If a report of child abuse or neglect involves the acts or omissions of the Commissioner or employees of the Department, then the report shall be directed to the Secretary of Human Services who shall cause the report to be investigated by other appropriate Agency staff. If the report is substantiated, services shall be offered to the child and to his or her family or caretaker according to the requirements of section 4915b of this title. (Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982; amended 1989, No. 187 (Adj. Sess.), § 5; 1989, No. 295 (Adj. Sess.), § 4; 1995, No. 174 (Adj. Sess.), § 3; 2005, No. 174 (Adj. Sess.), § 120; 2007, No. 77, § 1, eff. June 1, 2007; 2007, No. 168 (Adj. Sess.), § 4; 2015, No. 60, § 4a.)

§ 4915. Assessment and investigation

(a) Upon receipt of a report of abuse or neglect, the Department shall promptly determine whether it constitutes an allegation of child abuse or neglect as defined in section 4912 of this title. The Department shall respond to reports of alleged neglect or abuse that occurred in Vermont and to out-of-state conduct when the child is a resident of or is present in Vermont.

(b) If the report is accepted as a valid allegation of abuse or neglect, the Department shall determine whether to conduct an assessment as provided for in section 4915a of this title or to conduct an investigation as provided for in section 4915b of this title. The Department shall begin either an assessment or an investigation within 72 hours after the receipt of a report made pursuant to section 4914 of this title, provided that it has sufficient information to proceed. The Commissioner may waive the 72 hour requirement only when necessary to locate the child who is the subject of the allegation or to ensure the safety of the child or social worker.

(c) The decision to conduct an assessment shall include consideration of the following factors:

(1) the nature of the conduct and the extent of the child's injury, if any;

(2) the accused person's prior history of child abuse or neglect, or lack thereof; and

(3) the accused person's willingness or lack thereof to accept responsibility for the conduct and cooperate in remediation.

(d) The Department shall conduct an investigation when an accepted report involves allegations indicating substantial child endangerment. For purposes of this section, “substantial child endangerment” includes conduct by an adult involving or resulting in sexual abuse, and conduct by a person responsible for a child’s welfare involving or resulting in abandonment, child fatality, malicious punishment, or abuse or neglect that causes serious physical injury. The Department may conduct an investigation of any report.

(e) The Department shall begin an immediate investigation if, at any time during an assessment, it appears that an investigation is appropriate.

(f) The Department may collaborate with child protection, law enforcement, and other departments and agencies in Vermont and other jurisdictions to evaluate risk to a child and to determine the service needs of the child and family. The Department may enter into reciprocal agreements with other jurisdictions to further the purposes of this subchapter.

(g) The Department shall report to and receive assistance from appropriate law enforcement in the following circumstances:

(1) investigations of child sexual abuse by an alleged perpetrator 10 years of age or older;

(2) investigations of serious physical abuse or neglect requiring emergency medical care, resulting in death, or likely to result in criminal charges;

(3) situations potentially dangerous to the child or Department worker; and

(4) an incident in which a child suffers:

(A) serious bodily injury as defined in 13 V.S.A. § 1021, by other than accidental means; and

(B) potential violations of:

(i) 13 V.S.A. § 2602 (lewd or lascivious conduct with child);

(ii) 13 V.S.A. chapter 60 (human trafficking);

(iii) 13 V.S.A. chapter 64 (sexual exploitation of children); and

(iv) 13 V.S.A. chapter 72 (sexual assault). (Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982; amended 1995, No. 178 (Adj. Sess.), § 300; 1999, No. 78 (Adj. Sess.), § 1; 2007, No. 77, § 1, eff. June 7, 2007; 2007, No. 168 (Adj. Sess.), § 5; 2015, No. 60, § 17.)

§ 4915a. Procedures for assessment

(a) An assessment, to the extent that is reasonable under the facts and circumstances presented by the particular valid allegation of child abuse or neglect, shall include the following:

(1) An interview with the child’s parent, guardian, foster parent, or any other adult residing in the child’s home who serves in a parental role. The interview shall focus on ensuring the immediate safety of the child and mitigating the future risk of harm to the child in the home environment.

(2) An evaluation of the safety of the subject child and any other children living in the same home environment. The evaluation may include an interview with or observation of the child or children. Such interviews shall occur with the permission of the child’s parent, guardian, or custodian.

(3) In collaboration with the family, identification of family strengths, resources, and service needs, and the development of a plan of services that reduces the risk of harm and improves or restores family well being.

(b) The assessment shall be completed within 45 days. Upon written justification by the Department, the assessment may be extended, not to exceed a total of 60 days.

(c) Families have the option of declining the services offered as a result of the assessment. If the family declines the services, the case shall be closed unless the Department determines that sufficient cause exists to begin an investigation or to request the State's Attorney to file a petition pursuant to chapters 51 and 53 of this title. In no instance shall a case be investigated solely because the family declines services.

(d) When an assessment case is closed, there shall be no finding of abuse or neglect and no indication of the intervention shall be placed in the Registry. However, the Department shall document the outcome of the assessment. (Added 2007, No. 168 (Adj. Sess.), § 6; amended 2013, No. 131 (Adj. Sess.), § 77, eff. May 20, 2014.)

§ 4915b. Procedures for investigation

(a) An investigation, to the extent that it is reasonable under the facts and circumstances presented by the particular allegation of child abuse, shall include all of the following:

(1) A visit to the child's place of residence or place of custody and to the location of the alleged abuse or neglect.

(2) An interview with or observation of the child reportedly having been abused or neglected. If the investigator elects to interview the child, that interview may take place without the approval of the child's parents, guardian, or custodian, provided that it takes place in the presence of a disinterested adult who may be, but shall not be limited to being, a teacher, a member of the clergy, a child care provider regulated by the Department, or a nurse.

(3) Determination of the nature, extent, and cause of any abuse or neglect.

(4) Determination of the identity of the person alleged to be responsible for such abuse or neglect. The investigator shall use best efforts to obtain the person's mailing and email address as soon as practicable once the person's identity is determined. The person shall be notified of the outcome of the investigation and any notices sent by the Department using the mailing address, or if requested by the person, to the person's email address collected pursuant to this subdivision.

(5)(A) The identity, by name, of any other children living in the same home environment as the subject child. The investigator shall consider the physical and emotional condition of those children and may interview them, unless the child is the person who is alleged to be responsible for such abuse or neglect, in accordance with the provisions of subdivision (2) of this subsection (a).

(B) The identity, by name, of any other children who may be at risk if the abuse was alleged to have been committed by someone who is not a member of the subject child's household. The investigator shall consider the physical and emotional condition of those children and may interview them, unless the child is the person who is alleged to be responsible for such abuse or neglect, in accordance with the provisions of subdivision (2) of this subsection (a).

(6) A determination of the immediate and long-term risk to each child if that child remains in the existing home or other environment.

(7) Consideration of the environment and the relationship of any children therein to the person alleged to be responsible for the suspected abuse or neglect.

(8) All other data deemed pertinent, including any interviews of witnesses made known to the Department.

(b) For cases investigated and substantiated by the Department, the Commissioner shall, to the extent that it is reasonable, provide assistance to the child and the child's family. For cases investigated but not substantiated by the Department, the Commissioner may, to the extent that it is reasonable, provide assistance to the child and the child's family. Nothing contained in this section or section 4915a of this title shall be deemed to create a private right of action.

(c) The Commissioner, designee, or any person required to report under section 4913 of this title or any other person performing an investigation may take or cause to be taken photographs of trauma visible on a child who is the subject of a report. The Commissioner or designee may seek consultation with a physician. If it is indicated appropriate by the physician, the Commissioner or designee may cause the child who is subject of a report to undergo a radiological examination without the consent of the child's parent or guardian.

(d) Services may be provided to the child's immediate family whether or not the child remains in the home.

(e) [Repealed.]

(f) The Department shall not substantiate cases in which neglect is caused solely by the lack of financial resources of the parent or guardian. (Added 2007, No. 168 (Adj. Sess.), § 7; amended 2015, No. 60, § 16; 2023, No. 154 (Adj. Sess.), § 4, eff. September 1, 2024.)

§ 4916. Child protection registry

(a)(1) The Commissioner shall maintain a Child Protection Registry that shall contain a record of all investigations that have resulted in a substantiated report on or after January 1, 1992. Except as provided in subdivision (2) of this subsection, prior to placement of a substantiated report on the Registry, the Commissioner shall comply with the procedures set forth in section 4916a of this title.

(2) In cases involving sexual abuse or serious physical abuse of a child, the Commissioner in the Commissioner's sole judgment may list a substantiated report on the Registry pending any administrative review after:

(A) reviewing the investigation file; and

(B) making written findings in consideration of:

(i) the nature and seriousness of the alleged behavior; and

(ii) the person's continuing access to children.

(3) A person alleged to have abused or neglected a child and whose name has been placed on the Registry in accordance with subdivision (2) of this subsection shall be notified of the Registry entry, provided with the Commissioner's findings, and advised of the right to seek an administrative review in accordance with section 4916a of this title.

(4) If the name of a person has been placed on the Registry in accordance with subdivision (2) of this subsection, it shall be removed from the Registry if the substantiation is rejected after an administrative review.

(b) A Registry record means an entry in the Child Protection Registry that consists of the name of an individual whose conduct is substantiated for child abuse or neglect, the date of the finding, the nature of the finding, and at least one other personal identifier, other than a name, listed in order to avoid the possibility of misidentification.

(c) The Commissioner shall adopt rules pursuant to 3 V.S.A. chapter 25 to permit use of the Registry records as authorized by this subchapter while preserving confidentiality of the Registry and other Department records related to abuse and neglect.

(d) For all substantiated reports of child abuse or neglect made on or after the date the final rules are adopted, the Commissioner shall create a Registry record that reflects a designated child protection level related to the risk of future harm to children. This system of child protection levels shall be based upon an evaluation of the risk the person responsible for the abuse or neglect poses to the safety of children. The risk evaluation shall include consideration of the following factors:

(1) the nature of the conduct and the extent of the child's injury, if any;

(2) the person's prior history of child abuse or neglect as either a victim or perpetrator;

(3) the person's response to the investigation and willingness to engage in recommended services; and

(4) the person's age and developmental maturity.

(e) The Commissioner shall adopt rules for the implementation of a system of Child Protection Registry levels for substantiated cases pursuant to 3 V.S.A. chapter 25. The rules shall address:

(1) when, whether, and how names are placed on the Registry;

(2) standards for determining a child protection level designation;

(3) the length of time a person's name appears on the Registry prior to seeking expungement;

(4) when and how names are expunged from the Registry;

(5) whether the person is a juvenile or an adult;

(6) whether the person was charged with or convicted of a criminal offense arising out of the incident of abuse or neglect; and

(7) whether a Family Division of the Superior Court has made any findings against the person.

(f) [Repealed.] (Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982; amended 1989, No. 295 (Adj. Sess.), § 5; 1991, No. 159 (Adj. Sess.), § 3; 2007, No. 77, § 1, eff. Sept. 1, 2007; 2007, No. 168 (Adj. Sess.), § 8; 2007, No. 172 (Adj. Sess.), § 20; 2009, No. 154 (Adj. Sess.), § 238; 2023, No. 154 (Adj. Sess.), § 5, eff. September 1, 2024.)

§ 4916a. Challenging substantiation

(a) If an investigation conducted in accordance with section 4915b of this title results in a determination that a report of child abuse or neglect should be substantiated, the Department shall notify the person alleged to have abused or neglected a child of the following:

(1) the nature of the substantiation decision, and that the Department intends to enter the record of the substantiation into the Registry;

(2) who has access to Registry information and under what circumstances;

(3) the implications of having one's name placed on the Registry as it applies to employment, licensure, and registration;

(4) the Registry child protection level designation to be assigned to the person and the date that the person is eligible to seek expungement based on the designation level;

(5) the right to request a review of the substantiation determination by an administrative reviewer, the time in which the request for review shall be made, and the consequences of not seeking a review;

(6) the right to receive a copy of the Commissioner's written findings made in accordance with subdivision 4916(a)(2) of this title if applicable; and

(7) ways to contact the Department for any further information.

(b) Under this section, notice by the Department to a person alleged to have abused or neglected a child shall be by first-class mail sent to the person's last known mailing address, or if requested by the person, to the person's email address collected during the Department's investigation pursuant to subdivision 4915b(a)(4) of this title. The Department shall maintain a record of the notification, including who sent the notification, the date it is sent, and the address to which it is sent.

(c)(1) A person whose conduct is the subject of a substantiation determination may seek an administrative review of the Department's determination by notifying the Department within 30 days after the date the Department sent notice of the right to review in accordance with subsections (a) and (b) of this section. The Commissioner may grant an extension past the 30-day period for good cause, not to exceed 60 days after the Department has sent notice of the right to review.

(2) The administrative review may be stayed upon request of the person whose conduct is the subject of a substantiation determination if there is a related case pending in the Criminal or Family Division of the Superior Court that arose out of the same incident of abuse or neglect for which the person's conduct was substantiated or led to placement on the Registry. During the period the review is stayed, the person's name shall be placed on the Registry. Upon resolution of the Superior Court criminal or family case, the person may exercise the person's right to review under this

section by notifying the Department in writing within 30 days after the related court case, including any appeals, has been fully adjudicated. If the person fails to notify the Department within 30 days, the Department's decision shall become final and no further review under this subsection is required.

(d)(1) Except as provided in this subsection, the Department shall schedule an administrative review conference within 60 days after receipt of the request for review. At least 20 days prior to the administrative review conference, the Department shall provide to the person requesting review a copy of the redacted investigation file, which shall contain sufficient unredacted information to describe the allegations and the evidence relied upon as the basis of the substantiation, notice of time and place of the conference, and conference procedures, including information that may be submitted and mechanisms for providing information. There shall be no subpoena power to compel witnesses to attend a Registry review conference. The Department shall also provide to the person those redacted investigation files that relate to prior investigations that the Department has relied upon to make its substantiation determination in the case in which a review has been requested. If an administrative review conference is not held within 60 days after receipt of the request to review, due to good cause shown, an extension may be authorized by the Commissioner or designee in which the basis of the failure is explained.

(2) The Department may elect to not hold an administrative review conference when a person who has requested a review does not respond to Department requests to schedule the review meeting or does not appear for the scheduled review meeting. In these circumstances, unless good cause is shown, the Department's substantiation shall be accepted and the person's name shall be placed on the Registry, if applicable. Upon the Department's substantiation being accepted, the Department shall provide notice that advises the person of the right to appeal the substantiation determination to the Human Services Board pursuant to section 4916b of this title.

(e) At the administrative review conference, the person who requested the review shall be provided with the opportunity to present documentary evidence or other information that supports the person's position and provides information to the reviewer in making the most accurate decision regarding the allegation. The Department shall have the burden of proving by a preponderance of the evidence that the child has been abused or neglected by that person. Upon the person's request or during a declared state of emergency in Vermont, the conference may be held through a live, interactive, audio-video connection or by telephone.

(f) The Department shall establish an administrative case review unit within the Department and contract for the services of administrative reviewers. An administrative reviewer shall be a neutral and independent arbiter who has no prior involvement in the original investigation of the allegation. Department information pertaining to the investigation that is obtained by the reviewer outside of the review meeting shall be disclosed to the person seeking the review.

(g) Within seven days after the conference, the administrative reviewer shall:

(1) reject the Department's substantiation determination;

(2) accept the Department's substantiation; or

(3) place the substantiation determination on hold and direct the Department to further investigate the case based upon recommendations of the reviewer.

(h) If the administrative reviewer accepts the Department's substantiation determination, a Registry record shall be made immediately. If the reviewer rejects the Department's substantiation determination, no Registry record shall be made.

(i) Within seven days after the decision to reject, accept, or to place the substantiation on hold in accordance with subsection (g) of this section, the administrative reviewer shall provide notice to the person of the reviewer's decision to the most recent address provided by the person. If the administrative reviewer accepts the Department's substantiation, the notice shall advise the person of the right to appeal the administrative reviewer's decision to the human services board in accordance with section 4916b of this title.

(j) Persons whose names were placed on the Registry on or after January 1, 1992 but prior to September 1, 2007 shall be entitled to an opportunity to seek an administrative review to challenge the substantiation.

(k) If no administrative review is requested, the Department's decision in the case shall be final, and the person shall have no further right of review under this section. The Commissioner may grant a waiver and permit such a review upon good cause shown. Good cause may include an acquittal or dismissal of a criminal charge arising from the incident of abuse or neglect.

(l) In exceptional circumstances, the Commissioner, in his or her sole and nondelegable discretion, may reconsider any decision made by a reviewer. A Commissioner's decision that creates a Registry record may be appealed to the Human Services Board in accordance with section 4916b of this title. (Added 2007, No. 77, § 1, eff. Sept. 1, 2007; amended 2007, No. 168 (Adj. Sess.), § 9, eff. Sept. 1, 2008; 2009, No. 154 (Adj. Sess.), § 221; 2015, No. 92 (Adj. Sess.), § 1, eff. May 10, 2016; 2023, No. 154 (Adj. Sess.), § 6, eff. September 1, 2024.)

§ 4916b. Human Services Board hearing

(a) Within 30 days after the date on which the administrative reviewer sent notice, the person who is the subject of the substantiation may apply in writing to the Human Services Board for relief. The Board shall hold a fair hearing pursuant to 3 V.S.A. § 3091. When the Department receives notice of the appeal, it shall make note in the Registry record that the substantiation has been appealed to the Board.

(b)(1) The Board shall hold a hearing within 60 days after the receipt of the request for a hearing and shall issue a decision within 30 days after the hearing.

(2) Priority shall be given to appeals in which there are immediate employment consequences for the person appealing the decision.

(3)(A) Article VIII of the Vermont Rules of Evidence (Hearsay) shall not apply to any hearing held pursuant to this subchapter with respect to statements made by a child 12 years of age or under who is alleged to have been abused or neglected and the child shall not be required to testify or give evidence at any hearing held under this subchapter. Evidence shall be admissible if the time, content, and circumstances of the statements provide substantial indicia of trustworthiness.

(B) Article VIII of the Vermont Rules of Evidence (Hearsay) shall not apply to any hearing held pursuant to this subchapter with respect to statements made by a child who is at least 13 years of age and under 16 years of age who is alleged to have been abused or neglected and the child shall not be required to testify or give evidence at any hearing held under this subchapter in either of the following circumstances:

(i) The hearing officer determines, based on a preponderance of the evidence, that requiring the child to testify will present a substantial risk of trauma to the child. Evidence of trauma need not be offered by an expert and may be offered by any adult with an ongoing significant relationship with the child. Evidence shall be admissible if the time, content, and circumstances of the statements provide substantial indicia of trustworthiness.

(ii) The hearing officer determines that the child is physically unavailable to testify or the Department has made diligent efforts to locate the child and was unsuccessful. Evidence shall be admissible if the time, content, and circumstances of the statements provide substantial indicia of trustworthiness.

(4) Convictions and adjudications that arose out of the same incident of abuse or neglect for which the person was substantiated, whether by verdict, by judgment, or by a plea of any type, including a plea resulting in a deferred sentence, shall be competent evidence in a hearing held under this subchapter.

(c) A hearing may be stayed upon request of the petitioner if there is a related case pending in the Criminal or Family Division of the Superior Court that arose out of the same incident of abuse or neglect for which the person was substantiated.

(d) If no review by the Board is requested, the Department's decision in the case shall be final, and the person shall have no further right for review under this section. The Board may grant a waiver and permit such a review upon good cause shown. (Added 2007, No. 77, § 1, eff. Sept. 1, 2007; amended 2007, No. 168 (Adj. Sess.), § 10; 2009, No. 1, § 29; 2009, No. 154 (Adj. Sess.), § 222; 2017, No. 147 (Adj. Sess.), § 1; 2023, No. 154 (Adj. Sess.), § 7, eff. September 1, 2024.)

§ 4916c. Petition for expungement from the Registry

(a)(1) Pursuant to rules adopted in accordance with subsection 4916(e) of this title, a person whose name has been placed on the Registry may file a written request with the Commissioner, seeking a review for the purpose of expunging an individual Registry record. The Commissioner shall grant a review upon an eligible person's request.

(2) A person who is required to register as a sex offender on the State's Sex Offender Registry shall not be eligible to petition for expungement of the person's Registry record until the person is no longer subject to Sex Offender Registry requirements.

(b)(1) The person shall have the burden of proving that a reasonable person would believe that the person no longer presents a risk to the safety or well-being of children.

(2) The Commissioner shall consider the following factors in making a determination:

(A) the nature of the substantiation that resulted in the person's name being placed on the Registry;

(B) the number of substantiations;

(C) the amount of time that has elapsed since the substantiation;

(D) the circumstances of the substantiation that would indicate whether a similar incident would be likely to occur;

(E) any activities that would reflect upon the person's changed behavior or circumstances, such as therapy, employment, or education;

(F) references that attest to the person's good moral character; and

(G) any other information that the Commissioner deems relevant.

(3) The Commissioner may deny a petition for expungement based solely on subdivision (2)(A) or (2)(B) of this subsection. The Commissioner's decision to deny an expungement petition shall contain information about how to prepare for future expungement requests.

(c) At the review, the person who requested the review shall be provided with the opportunity to present any evidence or other information, including witnesses, that supports the person's request for expungement. Upon the person's request or during a declared state of emergency in Vermont, the conference may be held through a live, interactive, audio- video connection or by telephone.

(d) A person may seek a review under this section not more than once every 36 months.

(e) Within 30 days after the date on which the Commissioner sent notice of the decision pursuant to this section, a person may appeal the decision to the Human Services Board. The person shall be prohibited from challenging the substantiation at such hearing, and the sole issues before the Board shall be whether the Commissioner abused the Commissioner's discretion in denying the petition for expungement. The hearing shall be on the record below, and determinations of credibility of witnesses made by the Commissioner shall be given deference by the Board.

(f) The Department shall take steps to provide reasonable notice to persons on the Registry of their right to seek an expungement under this section. Actual notice is not required. Reasonable steps may include activities such as the production of an informative fact sheet about the expungement process, posting of such information on the Department website, and other approaches typically taken by the Department to inform the public about the Department's activities

and policies. The Department shall send notice of the expungement process to any person listed on the Registry for whom a Registry check has been requested. (Added 2007, No. 77, § 1, eff. June 7, 2007; amended 2007, No. 168 (Adj. Sess.), § 11; 2015, No. 92 (Adj. Sess.), § 2, eff. May 10, 2016; 2023, No. 154 (Adj. Sess.), § 8, eff. September 1, 2024.)

§ 4916d. Automatic expungement of registry records

Registry entries concerning a person whose conduct was substantiated for behavior occurring before the person reached 10 years of age shall be expunged when the person reaches 18 years of age, provided that the person has had no additional substantiated Registry entries. (Added 2007, No. 77, § 1, eff. June 7, 2007; amended 2007, No. 168 (Adj. Sess.), § 12; 2023, No. 154 (Adj. Sess.), § 9, eff. September 1, 2024.)

§ 4916e. Notice to minors

If the person alleged to have abused or neglected a child is a minor, any notice required pursuant to this subchapter shall be sent:

(1) to the minor's parents or guardian; or

(2) if the child is in the custody of the Commissioner, to the social worker assigned to the child by the Department and the child's counsel of record. (Added 2007, No. 77, § 1, eff. June 7, 2007.)

§ 4917. Multidisciplinary teams; empaneling

(a) The Commissioner or his or her designee may impanel a multidisciplinary team or a special investigative multitask force team, or both, wherever in the State there may be a probable case of child abuse or neglect that warrants the coordinated use of several professional services. These teams shall participate and cooperate with the local special investigation unit in compliance with 13 V.S.A. § 5415.

(b) The Commissioner or his or her designee, in conjunction with professionals and community agencies, shall appoint members to the multidisciplinary teams which may include persons who are trained and engaged in work relating to child abuse or neglect such as medicine, mental health, social work, nursing, child care, education, law, or law enforcement. The teams shall include a representative of the Department of Corrections. Additional persons may be appointed when the services of those persons are appropriate to any particular case.

(c) The empaneling of a multidisciplinary or special investigative multi-task force team shall be authorized in writing and shall specifically list the members of the team. This list may be amended from time to time as needed as determined by the Commissioner or his or her designee. (Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982; amended 2007, No. 168 (Adj. Sess.), § 13; 2007, No. 172 (Adj. Sess.), § 21; 2007, No. 174 (Adj. Sess.), § 17; 2009, No. 1, § 18, eff. March 4, 2009.)

§ 4918. Multidisciplinary teams; functions; guidelines

(a) Multidisciplinary teams shall assist local district offices of the Department in identifying and treating child abuse or neglect cases. With respect to any case referred to it, the team may assist the district office by providing:

(1) case diagnosis or identification;

(2) a comprehensive treatment plan; and

(3) coordination of services pursuant to the treatment plan.

(b) Multidisciplinary teams may also provide public informational and educational services to the community about identification, treatment, and prevention of child abuse and neglect. They shall also foster communication and cooperation among professionals and organizations in their community and provide such recommendations or changes in

service delivery as they deem necessary. (Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982; amended 2007, No. 168 (Adj. Sess.), § 14; 2021, No. 20, § 336.)

§ 4919. Disclosure of Registry records

(a) The Commissioner may disclose a Registry record only as follows:

(1) To the State's Attorney or the Attorney General.

(2) To the owner or operator of a facility regulated by the Department for the purpose of informing the owner or operator that employment of a specific individual may result in loss of license, registration, certification, or authorization as set forth in section 152 of this title.

(3) To an employer if such information is used to determine whether to hire or retain a specific individual providing care, custody, treatment, transportation, or supervision of children or vulnerable adults. The employer may submit a request concerning a current employee, volunteer, grantee, or contractor or an individual to whom the employer has given a conditional offer of a contract, volunteer position, or employment. The request shall be accompanied by a release signed by the current or prospective employee, volunteer, grantee, or contractor. If that individual has a record of a substantiated report, the Commissioner shall provide the Registry record to the employer. The employer shall not disclose the information contained in the Registry report.

(4) To the Commissioners of Disabilities, Aging, and Independent Living and of Mental Health or their designees for purposes related to the licensing or registration of facilities regulated by those Departments.

(5) To the Commissioners of Health; of Disabilities, Aging, and Independent Living; and of Mental Health or their designees for purposes related to oversight and monitoring of persons who are served by or compensated with funds provided by those Departments, including persons to whom a conditional offer of employment has been made.

(6) Upon request or when relevant to other states' adult protective services offices.

(7) Upon request or when relevant to other states' child protection agencies.

(8) To the person substantiated for child abuse and neglect who is the subject of the record.

(9) To the Commissioner of Corrections in accordance with the provisions of 28 V.S.A. § 204a(b)(3).

(10) To the Board of Medical Practice for the purpose of evaluating an applicant, licensee, or holder of certification pursuant to 26 V.S.A. § 1353.

(11) To the Cannabis Control Board, in accordance with the provisions of 7 V.S.A. § 954.

(b) An employer providing transportation services to children or vulnerable adults may disclose Registry records obtained pursuant to subdivision (a)(3) of this section to the Agency of Human Services or its designee for the sole purpose of auditing the records to ensure compliance with this subchapter. An employer shall provide such records at the request of the Agency or its designee. Only Registry records regarding individuals who provide direct transportation services or otherwise have direct contact with children or vulnerable adults may be disclosed.

(c) Volunteers shall be considered employees for purposes of this section.

(d) Disclosure of Registry records or information or other records used or obtained in the course of providing services to prevent child abuse or neglect or to treat abused or neglected children and their families by one member of a multidisciplinary team to another member of that team shall not subject either member of the multidisciplinary team, ndividually, or the team as a whole, to any civil or criminal liability notwithstanding any other provision of law.

(e) "Employer," as used in this section, means a person or organization that employs or contracts with one or more ndividuals to care for or provide transportation services to children or vulnerable adults, on either a paid or volunteer basis.

(f) In no event shall Registry records be made available for employment purposes other than as set forth in this subsection or for credit purposes. Any person who violates this subsection shall be fined not more than $500.00.

(g) Nothing in this subsection shall limit the Department's right to use and disclose information from its records as provided in section 4921 of this chapter. (Added 1981, No. 207 (Adj. Sess.), § 1, eff. April 25, 1982; amended 1983, No. 169 (Adj. Sess.), § 2; 1991, No. 159 (Adj. Sess.), § 4; 1993, No. 100, § 7; 2001, No. 135 (Adj. Sess.), § 16, eff. June 13, 2002; 2003, No. 66, § 136b; 2005, No. 174 (Adj. Sess.), § 121; 2007, No. 77, § 1, eff. June 7, 2007; 2007, No. 168 (Adj. Sess.), § 15; 2009, No. 1, § 37; 2011, No. 61, § 7, eff. June 2, 2011; 2023, No. 65, § 18, eff. June 14, 2023.)

§ 4920. Repealed. 2007, No. 168 (Adj. Sess.), § 16.

§ 4921. Department's records of abuse and neglect

(a) Record maintenance and disclosure generally. The Commissioner shall maintain all records of all investigations, assessments, reviews, and responses initiated under this subchapter. The Department may use and disclose information from such records in the usual course of its business, including to assess future risk to children, to provide appropriate services to the child or members of the child's family, or for other legal purposes.

(b) Duty to inform parents or guardians. The Commissioner shall promptly inform the parents, if known, or guardian of the child that a report has been accepted as a valid allegation pursuant to subsection 4915(b) of this title and the Department's response to the report. The Department shall inform the parent or guardian of the parent's or guardian's ability to request records pursuant to subsection (c) of this section. This section shall not apply if the parent or guardian is the subject of the investigation.

(c) Disclosure of redacted investigation files. Upon request, the redacted investigation file shall be disclosed to:

(1) the child's parents, foster parent, or guardian, absent good cause shown by the Department, provided that the child's parent, foster parent, or guardian is not the subject of the investigation;

(2) the person alleged to have abused or neglected the child, as provided for in subsection 4916a(d) of this title; and

(3) the attorney representing the child in a child custody proceeding in the Family Division of the Superior Court.

(d) Disclosure of records created by the Department. Upon request, Department records created under this subchapter shall be disclosed to:

(1) the court, parties to the juvenile proceeding, and the child's guardian ad litem if there is a pending juvenile proceeding or if the child is in the custody of the Commissioner;

(2) the Commissioner or person designated by the Commissioner to receive such records;

(3) persons assigned by the Commissioner to conduct investigations;

(4) law enforcement officers engaged in a joint investigation with the Department, an Assistant Attorney General, or a State's Attorney;

(5) other State agencies conducting related inquiries or proceedings; and

(6) the Office of the Child, Youth, and Family Advocate for the purpose of carrying out the provisions in chapter 32 of this title.

(e) Disclosure of relevant Department records or information.

(1) Upon request, relevant Department records or information created under this subchapter shall be disclosed to:

(A) a person, agency, or organization, including a multidisciplinary team empaneled under section 4917 of this title, authorized to diagnose, care for, treat, or supervise a child or family who is the subject of a report or record created under this subchapter, or who is responsible for the child's health or welfare;

(B) health and mental health care providers working directly with the child or family who is the subject of the report or record;

(C) educators working directly with the child or family who is the subject of the report or record;

(D) licensed or approved foster caregivers for the child;

(E) mandated reporters as defined by section 4913 of this subchapter, making a report in accordance with the provisions of section 4914 of this subchapter and engaging in an ongoing working relationship with the child or family who is the subject of the report;

(F) a Family Division of the Superior Court involved in any proceeding in which:

(i) custody of a child or parent child contact is at issue pursuant to 15 V.S.A. chapter 11, subchapter 3A;

(ii) a parent of a child challenges a presumption of parentage under 15C V.S.A. § 402(b)(3); or

(iii) a parent of a child contests an allegation that he or she fostered or supported a bonded and dependent relationship between the child and a person seeking to be adjudicated a de facto parent under 15C V.S.A. § 501(a)(2);

(G) a Probate Division of the Superior Cou t involved in guardianship proceedings; and

(H) other governmental entities for purposes of child protection.

(2) Determinations of relevancy shall be made by the Department.

(3) In providing records or information under this subsection, the Department may withhold:

(A) information that could compromise the safety of the reporter or the child or family who is the subject of the report; or

(B) specific details that could cause the child to experience significant mental or emotional stress.

(4) In providing records or information under this section, the Department may also provide other records related to its child protection activities for the child.

(5) Any persons or agencies authorized to receive confidential information under this section may share such information with other persons or agencies authorized to receive confidential information under this section for the purposes of providing services and benefits to the children and families those persons or agencies mutually serve.

(f) Disclosure to prevent harm. Upon request, relevant Department information created under this subchapter may be disclosed to a parent with a reasonable concern that an individual who is residing at least part time with the parent requestor's child presents a risk of abuse or neglect to the requestor's child. As it is used in this subsection, "relevant Department information" shall mean information regarding the individual that the Department determines could avert the risk of harm presented by the individual to the requestor's child. If the Department denies the request for information, the requestor may petition the Family Division of the Superior Court, which may, after weighing the privacy concerns of the individuals involved with the parent's right to protect his or her child, order the release of the information.

(g) Disclosure to adults that were subject to foster care placement.

(1) It is the intent of the General Assembly that it be the policy of the State that:

(A) adults who were subject to placement in State foster care, institutions, and other systemic placements have a statutory right to access their own records in order to more fully understand their own personal stories, including their health, education, family, and other histories; access healing in their chosen way; and be recognized and trusted as legitimate custodians of their own information;

(B) the Department make good faith efforts to disclose such records in the broadest form permitted under applicable federal or State law in order to assist with the administration of Vermont's state plan for foster care and establishing eligibility for programs or services; and

(C) any disclosures made by the Department that are prohibited by applicable federal or State law be construed as good faith efforts of the Department to comply with the State's policy and statutory scheme.

(2) Upon request, Department records created under this subchapter shall be disclosed, at no cost, to an individual who meets the following criteria, to the extent permitted by federal or State law:

(A) the individual is the subject of the records requested;

(B) the individual is 18 years of age or older; and

(C) as a minor, the individual was in foster care or subject to any juvenile judicial proceeding under this title.

(3) In providing records or information pursuant to this subsection, the Department may withhold or redact the following:

(A) identifying information about any person, other than the subject, in which there is a substantial likelihood that a person's safety would be compromised if disclosed;

(B) information that creates a substantial likelihood that would compromise an active law enforcement investigation; or

(C) reports or investigatory records about the subject of the record request in which there is a formal allegation that the subject committed an act of abuse or neglect.

(h) Penalty. Any records or information disclosed under this section and information relating to the contents of those records or reports shall not be disseminated by the receiving persons or agencies to any persons or agencies, other than to those persons or agencies authorized to receive information pursuant to this section. A person who intentionally violates the confidentiality provisions of this section shall be fined not more than $2,000.00. (Added 2007, No. 168 (Adj. Sess.), § 17; amended 2009, No. 154 (Adj. Sess.), § 238a, eff. Feb. 1, 2011; 2015, No. 60, § 5; 2017, No. 162 (Adj. Sess.), § 3; 2021, No. 105 (Adj. Sess.), § 613, eff. July 1, 2022; 2021, No. 129 (Adj. Sess.), § 3, eff. January 1, 2023; 2023, No. 173 (Adj. Sess.), § 1, eff. June 12, 2024.)

§ 4922. Rulemaking

(a) On or before April 1, 2026, the Commissioner shall file proposed rules pursuant to 3 V.S.A. chapter 25 implementing the provisions of this subchapter to become effective on September 1, 2026. These shall include:

(1) rules setting forth criteria for determining whether to conduct an assessment or an investigation;

(2) rules setting out procedures for assessment and service delivery;

(3) rules outlining procedures for investigations;

(4) rules for conducting the administrative review conference;

(5) rules regarding access to and maintenance of Department records of investigations, assessments, reviews, and responses;

(6) rules regarding the tiered Registry as required by section 4916 of this title;

(7) rules requiring notice and appeal procedures for alternatives to substantiation; and

(8) rules implementing subsections 4916(c) and (e) of this title.

(b) The rules shall strike an appropriate balance between protecting children and respecting the rights of a parent or guardian, including a parent or guardian with disabilities, and shall recognize that persons with a disability can be successful parents. The rules shall include the possible use of adaptive equipment and supports. (Added 2007, No. 168 (Adj. Sess.), § 18; amended 2023, No. 154 (Adj. Sess.), § 10, eff. September 1, 2024; 2025, No. 27, § E.317, eff. July 1, 2025.)

§ 4923. Reporting

The Commissioner shall publish an annual report regarding reports of child abuse and neglect no later than June 30, for the previous year. The report shall include:

(1) The number of reports accepted as valid allegations of child abuse or neglect.

(2) The number of reports that resulted in an investigative response; particularly:

(A) the number of investigations that resulted in a substantiation;

(B) the types of maltreatment substantiated;

(C) the relationship of the perpetrator to the victim, by category; and

(D) the gender and age group of the substantiated victims.

(3) The number of reports that resulted in an assessment response; particularly:

(A) the general types of maltreatment alleged in cases that received an assessment response; and

(B) the number of assessments that resulted in the recommendation of services.

(4) Trend information over a five year period. Beginning with the adoption of the assessment response and continuing over the next five years, the report shall explain the impact of the assessment response on statistical reporting. (Added 2007, No. 168 (Adj. Sess.), § 19.)

The Vermont Statutes Online

The Statutes below include the actions of the 2025 session of the General Assembly.

NOTE: The Vermont Statutes Online is an unofficial copy of the Vermont Statutes Annotated that is provided as a convenience.

Title 33 : Human Services

Chapter 051 : General Provisions

(Cite as: 33 V.S.A. § 5106)

§ 5106. Powers and duties of Commissioner

Subject to the limitations of the juvenile judicial proceedings chapters or those imposed by the court, and in addition to any other powers granted to the Commissioner under the laws of this State, the Commissioner has the following authority with respect to a child who is or may be the subject of a petition brought under the juvenile judicial proceedings chapters:

(1) To undertake assessments and make reports and recommendations to the court as authorized by the juvenile judicial proceedings chapters.

(2) To investigate complaints and allegations that a child is in need of care or supervision for the purpose of considering the commencement of proceedings under the juvenile judicial proceedings chapters.

(3) To supervise and assist a child who is placed under the Commissioner's supervision or in the Commissioner's legal custody by order of the court, and to administer sanctions in accordance with graduated sanctions established by policy and that are consistent with the juvenile probation certificate.

(4) To place a child who is in the Commissioner's legal custody in a family home or a treatment, rehabilitative, detention, or educational facility or institution subject to the provisions of sections 5292 and 5293 of this title. To the extent that it is appropriate and possible, siblings in the Commissioner's custody shall be placed together.

(5) To make appropriate referrals to private or public agencies.

(6) To perform such other functions as are designated by the juvenile judicial proceedings chapters. (Added 2007, No. 185 (Adj. Sess.), § 1, eff. Jan. 1, 2009; amended 2015, No. 153 (Adj. Sess.), § 13.)