



NEW JERSEY DEPARTMENT  
OF CHILDREN AND FAMILIES

## New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	II	Intake, Investigation and Response	
Chapter:	B	Intake	7-24-2014
Subchapter:	1	Processing Specific Referrals	
Issuance:	900	<b>Health Related Referrals</b>	

### Health Related Referrals

All referrals alleging medical neglect (including children who are not receiving needed medical treatment because of religious reasons) or requesting CP&P assistance in order to address a child's health or medical needs are screened in accordance with [CP&P-II-A-1-100](#). However, the following types of referrals are screened and processed in accordance with policy as set forth below. Cases referred for medical/health related issues may be conferenced with CP&P Local Office Child Health Unit Nurses or Regional Nurse Administrators.

### Drug and Alcohol Exposure of Newborns

Each referral of a newborn which alleges substance abuse by the parent is assessed because there is reason to believe that either the child is at risk of being harmed, or there are other circumstances which may warrant CP&P involvement. A Worker must complete an in-person assessment. Response must be immediate.

The purpose of the assessment is to:

- assess harm or risk to the newborn. That is, is the newborn infant exhibiting symptoms or signs of drug/alcohol exposure? Has the newborn infant tested positive for drugs/alcohol?
- determine the nature, history and severity of the parent's substance abuse problem;
- determine the effects of the parent's substance abuse on the parent's functioning and ability to parent and provide protection and care to the child;
- determine other supports available including persons willing and able to care for the infant;

- assess the necessity for services and determine what actions must be taken by the parent, CP&P, or others to ensure that the newborn infant receives appropriate care.

### **Referral information is clearly documented on the Screening or Investigation Summary.**

The Worker and Supervisor make an assessment based upon the facts gathered, including medical needs and at-risk status, (see [CP&P-II-C-5-1100](#)), to determine what services the infant and family need in order to stabilize the situation and/or to protect the infant.

This may be accomplished through:

- voluntary CP&P services; or
- court-ordered CP&P services.

A case plan is developed for cases requiring continued CP&P involvement.

### **Affiliation Agreements**

The Local Office Manager and Resource Development Specialist develop affiliation agreements with area hospitals. The agreements shall outline case referral and acceptance protocols in accordance with CP&P policy and the investigative guidelines as a basis for negotiations. The affiliation agreement must contain a mechanism for pre-discharge case conferencing.

### **Reports of Hepatitis and Tuberculosis**

CP&P screens all referrals in which a child or other member of the child's household has contracted hepatitis or tuberculosis in order to determine what the service needs are and whether CP&P services (CPS or CWS) or those of another provider are needed.

The referral is screened in accordance with policy in [CP&P-II-A-1-100](#). Collateral contact is made with the family's physician or health care provider. The CP&P Local Office Child Health Unit Nurse may be contacted, when necessary, to provide assessment assistance, to interpret medical information, or to provide recommendations in regard to risk to others, including the Worker

### **Lack of Immunizations**

A failure to obtain necessary childhood immunizations may be evidence of medical neglect. See [CP&P-II-C-5-700](#) for more information.