



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:	C	Initial Response	2-23-2018
Subchapter:	2	General	
Issuance:	600	Referral Guidelines for Regional Diagnostic and Treatment Centers	

Purpose **10-27-2008**

The purpose of this issuance is to state what Regional Diagnostic and Treatment Centers (RDTC) are; their catchment areas; and when CP&P staff refer children to them.

Authority **10-27-2008**

N.J.S.A. 9:6-8.99 to 106.

Definition of Terms **10-27-2008**

See [CP&P-V-A-1-100](#) for definitions.

Purpose of Regional Diagnostic and Treatment Centers **10-27-2008**

The Regional Diagnostic and Treatment Centers were legislatively created to evaluate and treat child abuse and neglect. The RDTCs provide training and consultative services, emergency telephone consultation, and are a source of research and training for medical and mental health personnel dedicated to the identification and treatment of child abuse and neglect.

Regional Diagnostic and Treatment Centers **2-23-2018**

RDTC	Counties
NJ CARES Institute Rowan University-School of Osteopathic Medicine Stratford 856-566-7036	Atlantic Burlington Camden Cape May Cumberland

856-566-6108 (fax)	Gloucester Salem
Dorothy B. Hersh Child Protection Center The Children's Hospital at St. Peter's University Hospital New Brunswick 732-448-1000 732-745-2344 (fax)	Hunterdon Mercer Middlesex Monmouth Ocean Somerset Union Warren
Jersey Shore University Medical Center, Child Protection Center (Satellite) Neptune 732-775-5500	Monmouth Ocean
Metropolitan RDTC Children's Hospital of New Jersey Newark Beth Israel Medical Center 973-753-1180	Essex
Audrey Hepburn Children's House North Regional Diagnostic Center for Child Abuse and Neglect Hackensack Meridian Health 551-996-8076	Bergen Hudson Morris Passaic Sussex
St. Joseph's Children's Hospital (Satellite) Paterson 973-754-2500	Passaic

Referrals to RDTC's

10-21-2014

The situations described in this policy do not preclude the Local Office staff from referring any other case situation to the RDTC for their assistance and expertise.

Physical Abuse

10-21-2014

The CP&P Worker and Supervisor refer physical abuse reports, presenting with the following circumstances, to the RDTC:

- Severe injuries involving children six years of age or under, and young children with unexplained injuries or unknown perpetrator must be immediately identified and referred to the RDTC as the highest priority

- Infants referred to CP&P by medical professionals (including hospital, emergency room personnel, private practitioners) for suspected abuse/neglect with injuries of any type must be immediately identified and referred to the RDTC as the highest priority
- Children who have been admitted to the Pediatric Intensive Care Unit (PICU), or other in-patient care, with injuries due to abuse or an unexplained cause
- Treating hospital/physician is unable or unwilling to reach a conclusion that abuse occurred
- Conflicting opinions among treating physicians, or the need for a second opinion, or
- Worker and Supervisor are unable to determine a well-supported CPS investigation finding based on the totality of the information gathered

In general, the types of reports that CP&P staff are expected to refer to the RDTC during the initial phase of investigation from the CP&P Allegations Based System are:

- Head injuries [allegations #2/52 (brain damage, skull fracture, subdural hematoma, shaken baby syndrome)] See [CP&P-II-E-1-200](#).
- Internal injuries [allegation #4/54 (liver, kidney, abdominal)] See [CP&P-II-E-1-300](#).
- Burns [allegation #5/55 (splash, scalding, unexplained/suspicious)] See [CP&P-II-E-400](#).
- Poison/noxious substances [allegation # 6/56] See [CP&P-II-E-1-500](#).
- Wounds [allegation #7/57-11/6 (gun shot, stabbing)] See [CP&P-II-E-1-600](#).
- Bone Fractures/breaks [allegation #9/59] See [CP&P-II-E-1-700](#).
- Cuts/bruises/welts/abrasions/oral injuries [allegation #11/61] See [CP&P-II-E-1-900](#).
- Human bites [allegation #12/62] See [CP&P-II-E-1-1000](#).
- Sprains/dislocations [allegation #13/63] See [CP&P-II-E-1-1100](#).
- Torture [allegation #16] See [CP&P-II-E-1-1400](#).

- Multiple injuries or pattern marks (unexplained)

When a Physical Abuse Referral May NOT Be Required 10-27-2008

A referral to the RDTC may not be needed if both of the following factors are present:

- The child was seen by a physician/hospital emergency room or may have been admitted to a hospital as an in-patient as a result of his or her injuries, and
- The treating physician(s) or CP&P-contracted doctor has documented, in writing that the injury was caused by abuse

In these situations, the case is conferenced with the Casework Supervisor who reviews the documentation and determines that a referral to the RDTC is not required. This is documented in the electronic case record in a Contact Activity Note, along with the child's safety protection plan.

Neglect

10-21-2014

In general, the types of neglect reports that CP&P staff are to refer to the RDTC during the initial phase of investigation (from the CP&P Allegations Based System) are:

- Inadequate supervision [allegation #74, resulting in a physical injury to the child] See [CP&P-II-E-1-2100](#).
- Medical neglect [allegation #79] See [CP&P-II-E-1-2600](#).
- Failure to thrive [allegation #81] See [CP&P-II-E-1-2700](#).
- Malnutrition [allegation #83] See [CP&P-II-E-1-2900](#).
- Medical neglect of disabled infants [allegation #85] See [CP&P-II-E-1-3100](#).

The Worker must immediately identify physical neglect reports of infants referred to CP&P by medical professionals (including hospital, emergency room personnel, and private practitioners) for failure to thrive, malnutrition, or medical neglect. Refer these reports to the RDTC as the highest priority.

Examples of other neglect situations to be referred to the RDTC, for either new reports or active cases, are:

- The child's primary care physician has already prescribed a treatment plan for a medically complicated child and then indicates the parent is non-compliant with the medical treatment prescribed
- After at least 60 days of following a treatment plan with the primary care physician, the child has little or no improvement in the health condition that is related to the allegation of harm despite apparent caregiver compliance with the treatment plan, or
- CP&P has concerns about the impact of possible neglect on the child's health, and the issues remain unclear after working with the primary care physician and/or other specialists.

Sexual Abuse

10-21-2014

Sexual abuse reports in each of the following categories (from the CP&P Allegations Based System) must be referred by CP&P staff to the RDTC within one working day of SCR/CP&P case acceptance:

- Sexually transmitted disease [allegation #18] See [CP&P-II-E-1-1600](#).
- Sexual penetration [allegation #19] See [CP&P-II-E-1-1700](#).
- Sexual exploitation [allegation #20] See [CP&P-II-E-1-1800](#).
- Sexual molestation [allegation #21] See [CP&P-II-E-1-1900](#).
- Substantial risk of sexual injury [allegation #22] See [CP&P-II-E-1-2000](#).
- Child-on-child sexual abuse reports. See [CP&P-II-B-1-550](#), Reports and Referrals Regarding Child-on-Child Sexual Abuse and Child-on-Child Sexual Activity.

Child-on-Child Sexual Activity 10-00-2014

See [CP&P-II-B-1-600](#), Child-on-Child Sexual Activity. Although referrals to RDTCs are not mandatory in a child-on-child sexual activity case, Workers shall encourage families to utilize these services.

RDTC Actions

10-27-2008

Based on the nature of the child protective services report, the child's location, and the child's medical condition, the RDTC may arrange a medical appointment, arrange to conduct a chart review (medical record review), or provide consultation only to CP&P staff.

In all cases, a child's need for medical treatment must never be delayed pending an appointment at, or consultation with, an RDTC. Immediate medical consultation and/or needed evaluation and treatment for the child must be sought in all situations where the child presents with injuries or the severity and/or extent of the child's injuries is unknown or unclear.

Service Coordination

10-21-2014

If an RDTC is not able to address the needs of CP&P concerning child safety or the investigation, bring the matter to the immediate attention of the Casework Supervisor. The Casework Supervisor is responsible to reach out to the RDTC and, where needed, bring the matter to the chain of command through the Local Office Manager.

Relevant NJS Windows and Forms

10-27-2008

In the Medical Mental Health Window, update each tab with information learned from the RDTC. Enter health care providers from the RDTC in the Medical Profile tab, Current Health Care Providers group box, in the specialty drop-down. There is no generic RDTC listed in the list of specialties. This prefills the Case Participant Information Window, Medical tab.

CP&P [Form 11-10](#), Health Passport and Placement Assessment.