



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: 8-29-2011
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Subchapter:	2	General	
Issuance:	625	Referral Guidelines for Regional Diagnostic and Treatment Centers	

Purpose

This issuance establishes the purpose of Regional Diagnostic and Treatment Centers (RDTC); delineates each RDTC catchment area; and identifies guidelines for referring children for evaluation at an RDTC.

Authority

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

Policy:

A) Purpose of Regional Diagnostic and Treatment Centers

The Regional Diagnostic and Treatment Centers (RDTCs) were legislatively created to provide expert medical and mental health evaluation and treatment for children who may have been abused or neglected. The RDTCs employ medical and mental health personnel dedicated to the identification and treatment of child abuse and neglect. The RDTCs provide evaluation, treatment, training, and consultation services, including emergency telephone consultation, and conduct research into best practices for the forensic evaluation and treatment of child abuse and neglect.

B) Regional Diagnostic and Treatment Centers

RDTC	Counties
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CARES Institute Rowan University-School of Osteopathic Medicine Stratford 856-566-7036 856-566-6108 (fax)	Atlantic Burlington Camden Cape May Cumberland 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 Diagnostic Center for Child Protection Paterson 973-754-3165	Passaic

C) Referrals to RDTCs

The situations described in this policy are guidelines and do not preclude the Local Office staff from referring any other case situation to the RDTC for their assistance and expertise. If a Case Worker and Supervisor are unsure about making a referral to the RDTC, they can contact the RDTC and speak with one of

the physicians or mental health clinicians who can help determine if the RDTC is the appropriate entity to examine, evaluate, or provide other services for the child or children in a particular case.

CP&P Case Workers are responsible for being knowledgeable about the services available at an RDTC. Case Workers shall speak with their Supervisor and/or staff from the RDTC to familiarize themselves with the services provided. It is also the Case Worker's responsibility to inform the families about the referral, the service(s) to be provided, and what the family shall expect at the RDTC examination or evaluation. The Case Worker shall ensure that the child is accompanied to his or her appointment at the RDTC by a non-offending adult who is knowledgeable about the child and the situation.

D) Physical Abuse

In general, CP&P staff are expected to refer a child to the RDTC during the initial phase of investigation when a physical abuse report includes:

- Children who have sustained the following types of injuries when there is a suspicion for abuse or neglect:
 - Head injuries
 - Internal injuries
 - Burns
 - Bone fractures/Breaks
 - Cuts/Bruises/Welts/Abrasions/Oral injuries
 - Human bites
 - Sprains/dislocations
 - Facial injuries
- Children who have consumed, or been exposed to, a poisonous substance, noxious substance, mood-altering substance, or other dangerous substance and there is concern for abuse or neglect;
- Children who may have been tortured;
- Children who may have been the victim of human trafficking; and
- Cases for which a forensic evaluation of the child and/or case record is required to assist CP&P in developing a well-supported CPS investigation finding when CP&P is unable to formulate such a determination based on their own review of the totality of information gathered.

The CP&P Worker and Supervisor shall contact the RDTC **immediately** when a report of physical abuse is received with the following circumstances:

- Children who may need immediate evaluation in an emergency department;
 - Life-threatening and serious injuries that are unexplained, the result of suspected abuse and/or neglect, and/or the perpetrator is unknown;
 - Infants referred to CP&P by medical professionals (including hospital, emergency room personnel, private practitioners) for suspected abuse/neglect with injuries of any type;
- Children who have been admitted to a hospital for inpatient care, including the Pediatric Intensive Care Unit (PICU), with injuries due to abuse or an unexplained cause;
- Treating hospital/physician is unable or unwilling to reach a conclusion that abuse occurred; and
- Conflicting opinions among treating physicians, or the need for a second opinion regarding child abuse or neglect concerns.

E) When a Physical Abuse Referral May NOT Be Required

A referral to the RDTC may not be needed if the child was seen by a physician or hospital emergency room or may have been admitted to a hospital as an inpatient as a result of his or her injuries, **and** the treating physician(s) 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.

F) Neglect

In general, CP&P staff are expected to refer a child to the RDTC during the initial phase of investigation when a report of neglect includes:

- Children who sustained a physical injury as a result of inadequate supervision or family violence;
- Children who may have been the victim of human trafficking;
- Children with unmet medical needs (medical neglect) leading to failure to thrive, malnutrition, or other issues that impact the well-being of the child.
 - Examples include:

- 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.
- The caregiver appears compliant with the child's treatment plan as prescribed by the primary care physician for a period during which improvement in the condition is expected, but there is little or no improvement in the condition related to an allegation of harm.
 - CP&P has concerns about the impact of possible neglect on the child's health, and the medical issues and other possible contributing factors remain unclear after consultation with the primary care physician or other specialists.
 - Disabled infants with unmet medical needs.

The CP&P Worker and Supervisor shall contact the RDTC **immediately** when a report of neglect is received with the following circumstances:

- A child admitted to a hospital for inpatient care for concerns of neglect, including failure to thrive, medical neglect or other forms of severe neglect; or
- Infants referred to CP&P by medical professionals (including hospital, emergency room personnel, and private practitioners) for failure to thrive, malnutrition, or medical neglect.

G) Sexual Abuse

In general, CP&P staff are expected to refer a child to the RDTC, within one working day of SCR or CP&P case acceptance, when there is a report of sexual abuse, including:

- Children who may have experienced inappropriate sexual contact;
- Children who have an injury that may have resulted from sexual abuse;
- Children who may have been exposed to sexually inappropriate material;
- Children who exhibit developed sexually reactive behaviors;
- Children who were victims of sexual exploitation;
- Children who contracted a sexually transmitted disease;
- Children who may have been the victim of human trafficking; and

- Reports concerning child-on-child sexual abuse and sexual activity (see below).

CP&P shall confer with the RDTC regarding children under 13 years old who were seen at the emergency room and received a rape kit to determine if a two to three-week follow-up appointment with the RDTC is needed to re-test for sexually transmitted diseases.

H) Child-on-Child Sexual Activity

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

I) RDTC Actions

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

J) Service Coordination

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 up the chain of command through the Local Office Manager.

Procedure:

1) Relevant NJS Windows and Forms

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.