

# POLICY

## Queen Anne's County Public Schools

POLICY TITLE: Child Abuse and Neglect Reporting Policy	
ADOPTION/EFFECTIVE DATE: Adopted: July 7, 1993 Reformatted: October 9, 2013 Revised: 2016	1 <sup>st</sup> Reading
POLICY/PROCEDURE MANUAL SUMMARY CATEGORY:  Students  Amendment:	

### A. Purpose

To inform all employees of the Board of Education of Queen Anne's County of their obligation and immunity from civil liability in reporting cases of suspected child physical abuse, sexual abuse or neglect.

### B. Policy Statement

Pursuant to Section 5 Subtitle 7 of the Family Law Article Child Abuse and Neglect of the Annotated Code of Maryland this policy is to be used by all employees of the Board of Education of Queen Anne's County in making oral and written reports to the Queen Anne's County Department of Social Services for suspected cases of child physical abuse, sexual abuse or neglect.

### C. Rationale

Maryland child abuse and neglect law requires that every health practitioner, educator, human service worker or law enforcement officer (acting in a professional capacity) who has reasonable cause to know or suspect that a child has been subjected to physical abuse, sexual abuse or neglect as defined by statute, will immediately report to the local department of social services. The reports, both oral and written form, shall be made as soon as reasonably possible, but in any case, the written report must be made within forty-eight (48) hours of the suspicion of possible abuse or neglect.

Any person other than a health practitioner, educator, human service worker, or law enforcement officer including any other employee of the Board of Education of Queen Anne's County or volunteer who observes or suspects physical or sexual abuse or neglect is required to directly and personally report such observation or suspicion to the Queen Anne's County Department of Social Services.

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### D. Definitions

A. **An educator or human service worker**; any professional employee of any correctional, public, parochial or private educational, health, juvenile service, social or social service agency, institution or licensed facility. Educator or human service worker includes:

1. any teacher;
2. any counselor;
3. any social worker;
4. any caseworker; and
5. any Probation or parole officer

B. **Child**:

1. Any person under the age of eighteen (18) years.
2. Persons eighteen (18) years of age or older who are believed to lack the capacity to care for their daily needs ("vulnerable adults") are protected by the Adult Protective Services Program. A health practitioner, police officer or human service worker who suspects that a vulnerable adult has been subject to abuse, neglect, self-neglect or exploitation is required to report such a situation orally and in writing to the adult protective services division of the local department of social services. Any person may make a report. Any person who makes a report under these provisions is entitled to confidentiality and immunity from civil liability.

C. **Abuse**:

1. The physical OR MENTAL injury of a child by any parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, or by any household or family member, under circumstances that indicate that the child's health or welfare is harmed or at a SUBSTANTIAL risk of being harmed; or
2. sexual abuse of a child, whether physical injuries are sustained or not.

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- D. **Sexual Abuse:** Any act or acts involving sexual molestation or exploitation, including but not limited to incest, rape, or sexual offense in any degree, sodomy, or unnatural or perverted sexual practices, on a child by any family or household member or by any other person who has the permanent or temporary care or custody or responsibility for supervision of a minor child. Sexual molestation or exploitation includes, but is not limited to contact or conduct with a child for the purpose of sexual gratification, and may range from sexual advances, kissing or fondling to sexual crime in any degree, rape, sodomy, prostitution, or allowing, permitting, encouraging or engaging in the obscene or pornographic display, photographing, filming, or depicting of a child as prohibited by law. **The law also includes the prohibition of human trafficking involving children.**
- E. **Mental Injury:** MENTAL INJURY MEANS THE OBSERVABLE, IDENTIFIABLE, AND SUBSTANTIAL IMPAIRMENT OF A CHILD'S MENTAL OR PSYCHOLOGICAL ABILITY TO FUNCTION.
- F. **Neglect:** Child neglect means the leaving of a child unattended or other failure to give proper care and attention to a child by ANY PARENT OR OTHER PERSON WHO HAS PERMANENT OR TEMPORARY CARE OR CUSTODY OR RESPONSIBILITY FOR THE SUPERVISION OF THE CHILD under circumstances that indicate:
1. that a child's health or welfare is harmed or placed at SUBSTANTIAL risk of harm; or
  2. MENTAL INJURY TO THE CHILD OR A SUBSTANTIAL RISK OF MENTAL INJURY.
- G. **Possible Abuser:** Under certain circumstances, persons who are non-members of a child's family or household, including educators and other school employees, may be considered abusers under the statute.

Any parent, guardian, adoptive parent or other person who has the permanent or temporary care or custody or responsibility for the supervision of a child or any household or family member, may be responsible for abuse under the statute.

Educators and other school employees having temporary care or custody or responsibility or the supervision of a child during the school day may also be deemed abusers under the statute and, when suspected of child abuse, must be reported immediately to the local social services agency or the appropriate law enforcement agency, orally and in writing as prescribed by law, by the person who has reason to believe that abuse has occurred.

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**Possible Neglector:** Any parent OR OTHER PERSON WHO HAS PERMANENT OR TEMPORARY CARE OR CUSTODY OR RESPONSIBILITY FOR SUPERVISION may be responsible for neglect under the statute. (Family Law Article §5-701 et.seq)

H. **Household Member:** A person who lives with, or is a regular presence in, a home of a child at the time of the alleged abuse or neglect.

### E. Implementation Guidelines

#### 1. Reporting

- a. **Oral Report:** Any employee of the Queen Anne's County Board of Education or volunteer who suspects that a case of child abuse has occurred shall make a prompt oral report to the Queen Anne's County Department of Social Services or to the Maryland State Police, Centreville Barracks. In the case of suspected neglect, the oral report should only be made to the local department of social services. **It is mandatory that an employee or volunteer of the local school system report suspected cases of child abuse or neglect. The employee or volunteer is personally responsible for insuring that the report is made.**

The oral report must be made as soon as possible, notwithstanding any other provision of law, including any law or privileged communications.

In addition to making an oral report, the school employee or volunteer shall also inform the local principal that a case of suspected abuse and/or neglect has been reported to the department of social services or Maryland State Police, Centreville Barracks. It is the obligation of the principal to insure that cases of suspected child abuse or neglect brought to his or her attention by any school employee or volunteer are duly reported by the employee or volunteer if this has not already been done. Any doubt about reporting a suspected situation is to be resolved in favor of the child and the report made immediately.

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- b. Written Report: The person making the oral report to the Department of Social Services is also responsible for submitting a written report. DHR/SSA Form 180 is available in each school office for this purpose. The written report must follow the oral report and be made within forty-eight (48) hours of the contact which disclosed the existence of suspected abuse and/or neglect. Two copies of the written report are to be sent to Queen Anne's County Department of Social Services, one copy to Queen Anne's County State's Attorney's Office, and one copy to the Pupil Personnel Worker.

### 2. Immunity

Any person who in good faith makes or participates in making a report of abuse or neglect or participates in an investigation or a resulting judicial proceeding is immune from any civil liability or criminal penalty that would otherwise result from making or participating in a report of abuse or neglect or participating in an investigation or a resulting judicial proceeding.

### 3. Confidentiality

Department of Human Resources (DHR) COMAR requires that the identity of the person reporting a case of suspected child abuse and/or neglect shall not be revealed. Protective Services staff will protect the identity of the reporter unless:

- A. Required by court order to reveal the source, or
- B. the reporter gives written permission to Department of Social Services to reveal the source.

Educators who report possible child abuse or neglect should limit their discussions of the possible abuse or neglect to those persons who have a genuine right or need to know. All records and reports concerning investigations of a child abuse and/or neglect and their outcomes are protected by the confidentiality statute Article 88A, Section 6(b). Unauthorized disclosure of such records is a criminal offense subject to a fine up to \$500 or imprisonment for up to 90 days, or both. Under this statute, information contained in reports or records concerning child abuse and/or neglect may be disclosed only:

- A. Under a court order;
- B. To personnel of local or state departments of social services, law enforcement personnel, and members of multi-disciplinary case consultation teams who are

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investigating a report of known or suspected child abuse or neglect or who are providing services to a child or family that is the subject of the report;

- C. To local or state official responsible for the administration of the child protective service as necessary to carry out their official functions;
- D. To a person who is the alleged child abuser or to the person who is suspected of child neglect if that person is responsible for the child's welfare and provisions are made for the protection of the identity of the reporter or any other person whose life or safety is likely to be endangered by disclosing the information;
- E. To a licensed practitioner who or an agency, institution, or program which is providing treatment or care to a child who is the subject of a report of child abuse or neglect;
- F. To a parent or other person who has permanent or temporary care and custody of a child, if provisions are made for the protection of the identity of the reporter or any other person whose life or safety is likely to be endangered by disclosing the information; or
- G. TO THE APPROPRIATE PUBLIC SCHOOL SUPERINTENDENT FOR THE PURPOSE OF CARRYING OUT APPROPRIATE PERSONNEL ACTIONS FOLLOWING A REPORT OF SUSPECTED CHILD ABUSE INVOLVING A STUDENT COMMITTED BY A PUBLIC SCHOOL EMPLOYEE IN THAT SCHOOL SYSTEM.

#### **4. Parent Notification**

The school principal or the principal's designee is not required to notify parents or guardians of investigations on school premises involving suspected child abuse or neglect. It may be determined that premature disclosure of the investigative questioning to the parents may create a threat to the well-being of the child.

#### **5. School Procedure**

A school employee may briefly question a child to determine if there is reason to believe that the child's injuries resulted from physical or sexual abuse, or by the child's caretaker and/or household member (ie., What happened to you? How did this happen?). However, in no case should the child be subjected to undue pressure in order to validate the suspicion of abuse and/or neglect. Any doubt about reporting a suspected situation is to be resolved in favor of protecting the child and the report made immediately.

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### **6. Questioning on School Premises**

In the event that a child is questioned by the Protective Services staff worker and/or police during the school day on school premises, whether the child is the alleged victim or a non-victim witness, a school official should be present throughout that questioning. This designated school official should be a pupil personnel worker, guidance counselor, nurse or psychologist whenever possible. In certain situations, the presence of a third party while the child is being interviewed may inhibit the child's responses. On such occasions the school principal or the principal's designee in consultation with the protective services worker may determine that a third party should not be present during the interview.

### **7. Removal of Child from School Premises**

The child may be removed from the school premises if:

- A. Queen Anne's County Department of Social Services has a shelter care authorization or a court order to remove the child. The principal or the principal's designee shall assure prompt notification of the child's parent or guardian.
- B. Queen Anne's County Department of Social Services has guardianship or custody of the child.

### **8. Emergency Medical Treatment**

Access to Medical Records: In the event that a child is in need of emergency medical treatment as a result of suspected abuse or neglect, the school principal, in collaboration with the school nurse or other health professional when available, shall arrange for the child to be taken immediately to the nearest hospital. The protective services worker or law enforcement officer should be consulted before taking the child to the hospital when feasible; in cases where the emergency conditions prevent such consultation, the protective services worker should be notified as soon thereafter as possible. In all other instances, it is the roll of the protective services worker and/or law enforcement officer to seek medical treatment for the child. Information contained in school health records needed during the existence of a health and safety emergency may be disclosed without parental consent and without violating the provision of the Federal Educational Rights and Privacy Act (FERPA) of 1974.

Educators are required to provide copies of a child's medical/health records information, upon request to the local department of social services, as needed as part of a child abuse/neglect investigation or to provide appropriate services in the best interest of a child who is the subject of a report of child abuse or neglect.

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### **F. Evaluation**

The Superintendent will provide the Board of Education a review of this policy in ~~2017~~ **2019-2020**. The focus of this review will be the effectiveness of the elements of this policy in assisting the Board in fulfilling its mission.

### **G. References**

Annotated Code of Maryland

Family Law Section 5 Subtitle 7 Child Abuse and Neglect

Family Law Article §5-701et.seq

Confidentiality Statute Article 88A, Section 6(b).

Federal Educational Rights and Privacy Act (FERPA) of 1974



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### **DEFINITIONS OF CHILD ABUSE AND CHILD NEGLECT**

**"Child abuse" means: (COMAR 07.02.07.02)**

Physical injury, not necessarily visible, or mental injury of a child by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household or family member under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of being harmed:

Any sexual abuse, meaning an act or acts involving sexual molestation or exploitation, whether physical injuries are sustained or not by a parent or other individual who has permanent or temporary care or custody, or responsibility for supervision of a child or by a household or family member,

**"Sexual abuse" includes:**

- (a) allowing or encouraging a child to engage in:
  - 1. obscene photography, films, poses, or similar activity;
  - 2. pornographic photography, films, poses, or similar activity; or
  - 3. prostitution;
- (b) human trafficking;
- (c) incest;
- (d) rape;
- (e) sexual offense in any degree;
- (f) sodomy; and
- (g) unnatural or perverted sexual practices;

Or, mental injury, meaning the observable, identifiable and substantial impairment of a child's mental or psychological ability to function, that is caused by the act of a parent or other individual who has permanent or temporary care, or custody or responsibility for supervision of the child, or by a household or family member.

**"Child Neglect" means (COMAR 07.02.07.02)**

"Child Neglect" means the failure to give proper care and attention to a child, including the leaving of a child unattended by the child's parent, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child, under that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; or responsibility of the child.

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Mental injury to a child, meaning the observable, identifiable and substantial impairment of a child's mental or psychological ability to function, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child by the child's parents, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child.

### **INDICATORS OF PHYSICAL ABUSE**

#### I. Physical Indicators

##### 1. Unexplained bruises and welts:

- a. On face, lips, mouth
- b. On torso, back, buttocks, thighs
- c. In various stages of healing
- d. Clustered, forming regular patterns
- e. Imprint of weapon (belt buckle, fly swatter, electrical cord)
- f. On several different surface areas
- g. Regularly appear after absence, weekend or vacation.

##### 2. Unexplained burns:

- a. Cigar, cigarette burns, especially on soles, palms, back or buttocks.
- b. Immersion burns (sock-like, glove-like, donut shaped on buttocks or genitalia).
- c. Patterned like electric burner, iron, etc.
- d. Rope burns on arms, legs, torso.

##### 3. Unexplained fractures:

- a. In various stages of healing.
- b. Multiple fractures.

##### 4. Unexplained lacerations or abrasions:

- a. To mouth, lips, gums, eyes.
- b. To external genitalia.

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### II. Behavioral Indicators

The child:

1. feels deserving of punishment;
2. is wary of adult contact;
3. is apprehensive when other children cry;
4. shows behavioral extremes;
5. is aggressive, withdrawn or indiscriminately seeks affection;
6. is frightened of parent;
7. is afraid to go home;
8. reports injury by parents;
9. responds to questions in monosyllables;
10. uses manipulative behavior to get attention;
11. is capable of only superficial relationships; and
12. has a poor self-concept.

### III. Family Indicators

1. Unfulfilled parental needs for nurturance and dependence.
2. Lack of ability to protect a child.
3. Lack of nurturing child rearing practices.
4. Lack of alternatives to corporal punishment.
5. Lack or poor use of support systems.
6. Family history of child abuse.
7. Substance abuse.
8. Precipitating crisis.
9. Multiple stressors.
10. Poor awareness of normal child development.

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### **INDICATORS OF SEXUAL ABUSE**

#### **I. Medical (Physical) Indicators**

1. Bruises in external genitalia, vagina, or anal regions.
2. Bleeding from external genitalia, vagina, or anal regions.
3. Swollen or red cervix, vulva, or perineum.
4. Positive tests for any of the following:
  - a. gonococcus
  - b. spermatozoa
  - c. pregnancy
  - d. venereal disease

#### **II. Behavioral Indicators**

1. Regressive Behavior - molested children (especially young children) may withdraw into fantasy worlds. Sometimes these children give the impression of being retarded when, in fact, they are not.
2. Delinquent or Aggressive Behavior - molested children (especially pre-teen and teen) often act out their anger and hostility on others.
3. Sexual Promiscuity - the sexually molested girl or boy may be sexually promiscuous, and their behavior may become very apparent not only to the school, but to entire neighborhood.
4. Confiding in someone - a molested girl may confide in a special friend or teacher. These confidences may not take the form of direct information about being molested, but may involve such statements as, "I'm afraid to go home tonight", "I want to come and live with you", "I want to go and live in a foster home".
5. Poor Peer Relationships - molested children (if molestation has occurred over a long period of time) may not have social skills or are too emotionally disturbed to form peer relationships. The parent(s) has a vested interest in keeping them emotionally isolated. The child may have such a poor self-image (the "bad me" concept) that it overshadows his whole existence.
6. Prostitution - the middle to older molested teenager may turn to prostitution.

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7. Extremely protective parent -In incestuous relationships, the parent involved may become exceedingly jealous of the child, often refusing him any social contact. The parent is afraid that the child will tell, but they are even more afraid of losing the child to others. A father, e.g., may pick his teenage daughter up at school every day, and become furious if he sees her talking to anyone.
8. Unwillingness to participate in physical/recreational activities - young children who have been highly sexually stimulated or have been forced to have sexual intercourse with an adult, may find it painful to sit in their chairs in school, or to play games which require a good deal of movement.
9. Runaways - teenagers who have been molested sometimes resort to escape and run away from the home.
10. Drugs - teenagers who have been molested may resort to escape through the use of drugs.
11. Confession - the child who has been molested may seek to report the offense. A number of incest cases where a teenager reports may be fictitious, but a thorough investigation should be made to determine the validity of the statement.

### III. Family Indicators

1. Prolonged absence of one parent from the home.
2. Loss of one parent through death or divorce.
3. Gross overcrowding in home - insufficient sleeping space.
4. Physical proximity.
5. Alcoholism.
6. Family members lack normal social and emotional contacts outside of the family.
7. Isolation-created by remoteness of home to other homes (in rural areas).

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### INDICATORS OF NEGLECT

#### I. Special Considerations in Identifying Neglect

1. Issues of poverty vs. neglect.
2. Differing cultural expectations and values.
3. Differing child rearing practices.

#### II. Physical Indicators

1. Consistent hunger, poor hygiene, inappropriate dress, wearing of same clothing day after day.
2. Lack of supervision, especially in dangerous activities and long periods of time - (Emphasize there is nothing in the law which states specifically at what age a child can be left unsupervised - we make judgments based on age, maturity, emergency knowledge of child, existence of indicators of neglect in other areas.)
3. Unattended physical, medical or psychiatric problems (emphasize handicapped children).
4. Truancy
5. Abandonment

#### III. Behavioral Indicators

1. Begging, stealing or scavenging food from garbage.
2. Extended stays at school (early arrival, late departure).
3. Constant fatigue, listlessness or falling asleep in class.
4. Alcohol or drug abuse.
5. Delinquency.
6. Truancy.
7. States there is no caretaker.

#### IV. Assessing the Indicators

1. The presence of a single indicator does not prove neglect or abuse exists.
2. Repeated presence of an indicator or presence of several indicators may constitute neglect or abuse.
3. The appearance of a serious unexplained physical injury should alert the educator that a case of child abuse may be at hand.

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### **MENTAL INJURY - CATEGORIZED**

- A. Physical abuse, sexual abuse, physical neglect may involve issues of child's emotional or psychological well-being.
- B. May do separate investigation of mental injury after consideration of any of the following:
  - 1. Implied or overt threats of death or serious injury of the child or others;
  - 2. Implied or overt threats in the form of pet/animal torture;
  - 3. Constant denigration; or
  - 4. Extensive emotional or physical isolation or confinement.
- C. Mental injury is in the definitions of child abuse and neglect.
- D. Guidance in determining how to categorize the report.
  - 1. Abuse if the mental injury is caused by an act to a child; or
  - 2. Neglect if the mental injury is caused by an omission or failure to act on behalf of the child.
- E. Mental injury that is not caused by an act or by a failure to provide proper care and attention to a child shall not be categorized as abuse or neglect.

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### **SCREENING FOR MENTAL INJURY**

- A. What has the caller observed in the child's behavior or emotional affect that seems to indicate mental injury?
- B. How do these symptoms differ from those of children having a stress reaction to normal life events?
- C. How do these symptoms of mental injury indicate that the child's ability to function is impaired?
- D. In what areas of functioning is the child impaired (ie., academic, social, family relationships, sleep and eating disorders, developmental functioning)?
- E. For how long has this impairment been noticeable? Has there been a change in the child's behavior or functioning that leads the caller to believe that the child is mentally injured? Is there a pre-existing condition which exacerbates the child's impairment?
- F. Has the child been assessed by a mental health professional? If so, what were the findings and recommendations?
- G. What causes the reporter to believe that the child's alleged impairment of function is the result of:
  1. An act by a parent, custodian, caretaker or household or family member; or
  2. An omission by a parent, caretaker, or custodian?
  3. Is the child's caretaker aware of the child's symptoms? If so, what have been the responses of the caretaker?

\*\*\*\*An allegation that a child is exposed to behaviors by a parent, caretaker or guardian which may predispose the child to future emotional difficulties would be inappropriate for a CPS investigation unless the child's symptoms are at the level of substantial (ie., severe and chronic) impairment of functioning.



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### **SANCTIONS FOR FAILURE TO REPORT**

#### **(Education Article 6-202, Education COMAR 13A.01.01.10)**

On the recommendation of the county superintendent, a county board may suspend or dismiss a teacher, principal, supervisor, assistant superintendent or other professional assistant for misconduct in office, including knowingly failing to report suspected child abuse in violation of Family Law Article, Title 5, Subtitle 7 (Child Abuse/Neglect), Annotated Code of Maryland.

Upon the recommendation of a local board of education, or the Assistant State Superintendent in Certification and Accreditation when the individual is not employed by a local board of education in Maryland, any certificate issued under the State Board of Education's regulations may be suspended or revoked by the State Superintendent if the certificate holder is convicted of a crime involving child abuse or neglect or is dismissed by a local board for knowingly failing to report suspected child abuse in violation of the Family Law Article.

### **REPORTING INSTRUCTIONS**

#### **REQUIRED REPORTERS:**

Every health practitioner, educator, social worker, or law-enforcement officer, who contacts, examines, attends or treats a child and who believes or has reason to believe that the child has been abused/neglected is required to make an oral and written report to either Social Services or the Police.

#### **TIMELINES:**

An oral report of suspected child abuse and neglect must be made immediately. A written report must also be submitted by mandated reporters within 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been subjected to abuse or neglect. It is not necessary to observe outward signs of injury to the child. Neither is it necessary for the reporter to establish proof that abuse/neglect occurred. Protection of the child is paramount. If abuse/neglect is suspected, a report must be submitted.

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### FORM 180

State of Maryland-Child Protective Services			
REPORT OF SUSPECTED CHILD ABUSE/NEGLECT			
<small>(see instructions on reverse side)</small>			
1. NAME OF LOCAL DEPARTMENT BEING NOTIFIED		ADDRESS	ZIP
2. PERSON MAKING REPORT (Name)		3. POSITION/TITLE	
4. NAME OF DEPARTMENT/ORGANIZATION		ADDRESS	5. TELEPHONE
6. TYPE OF REFERRAL			
<input type="checkbox"/> PHYSICAL ABUSE <input type="checkbox"/> SEXUAL ABUSE <input type="checkbox"/> NEGLECT <input type="checkbox"/> MENTAL INJURY-ABUSE <input type="checkbox"/> MENTAL INJURY-NEGLECT			
7. NAME OF CHILD		8. SEX	9. BIRTH DATE
11. ADDRESS (Where Child Can Be Seen)		CITY	10. RACE
		STATE	12. GRADE
		ZIP	13. SCHOOL
14. NAME OF PERSON RESPONSIBLE FOR CHILD'S CARE		14A. AGE/D.O.B.	14C. TELEPHONE
PARENTS/GUARDIAN		ADDRESS	TELEPHONE
MOTHER:			
FATHER:			
GUARDIAN (Specify Relation):			
15. NAME OF SUSPECTED ABUSER/NEGLECTOR		16. RELATION	17. AGE/D.O.B.
		18. ADDRESS	19. TELEPHONE
20. STATE NATURE (EXTENT OF THE CURRENT ABUSE/NEGLECT TO THE CHILD IN QUESTION; EXPLAIN THE CIRCUMSTANCES LEADING TO THE SUSPICION THE CHILD IS AN ABUSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DESCRIBE HOW REPORTER KNOWS INFORMATION.			
21. LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLECT TO THE CHILDREN/OTHER CHILDREN IN THE FAMILY, INCLUDING PREVIOUS ACTION TAKEN. HOW DOES THE REPORTER KNOW THIS INFORMATION?			
22. DESCRIBE INFORMATION KNOWN ABOUT FAMILY FUNCTIONING, RELATIONSHIP BETWEEN PARENT, CARETAKER, OTHER ADULTS IN HOME AND CHILDREN AND LIKELY RESPONSE BY FAMILY TO DISCLOSURE. HOW DOES THE REPORTER KNOW THIS INFORMATION?			
23. STATE ANY OTHER AVAILABLE INFORMATION THAT WOULD AID IN ESTABLISHING THE CAUSE OF THE ALLEGED ABUSE/NEGLECT.			
24. ARE WEAPONS IN THE HOME OR KNOWN TO BE CARRIED BY THE FAMILY OR ACCUSED ABUSER?		25. IS THERE A HISTORY OF VIOLENCE, DRUGS, MENTAL ILLNESS OR RETALIATION IN THE FAMILY?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
27. SIGNATURE OF PERSON REPORTING		DATE	26. IF YES TO EITHER, DESCRIBE IN DETAIL ON SEPARATE SHEET OF PAPER
29. REPORT TAKEN		30. NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

DHR/SSA 180 (5/93) Previous editions are obsolete

White-LDSS Copy

Yellow-LDSS Copy

Pink-States/Attorney Copy (Child abuse only)

Reporter Copy