If Abuse is Suspected

• What now?
• What do I do?
• How to talk to the child?

Michelle Longinotti
410-996-0130 (Office)
443-986-2887 (cell)

410-996-0100
8am-4:30pm

After Hours#:
410-996-5350
If you suspect physical abuse...

- Ask WHO...WHAT... WHEN.... WHY... QUESTIONS!!!

*These are targeted questions to assist you when you see an indicator of physical abuse.

- I notice you have a big bruise on your arm? How did that happen? (let them talk)
- The child says he/she was hit...
- Where did this happen? Who hit you? When did this happen?
- What did you get hit with? (Intake will ask if it was a slap or a fist)
- Why did “insert name given“ hit you? (“I was talking back and Mom popped me in the mouth” “I was not moving fast enough”)

~While corporal punishment is not expressly forbidden in Maryland, striking a child in a fit of rage is essentially abuse. Using an object to strike a child, rather than your hand, could be considered abusive. Striking a child with a closed fist is more likely to be considered abuse than slapping a child with your open hand because of the amount of force that’s involved.

- Screened in or out based on MD Family Law and COMAR
Physical Abuse Screening choices

- Non-accidental injury of a child
- Injury inconsistent with explanation
- Injury that appears suspicious
- Giving child toxic chemicals, alcohol, or drugs
- Caregiver action that likely caused injury
If you suspect NEGLECT ...

- ASK WHO... WHAT... WHEN.... WHERE... WHY... QUESTIONS!!!
- *These are targeted questions to assist you when you see an indicator of NEGLECT.
- I notice you have been very tired in class this week? Why is that? (LET THEM TALK) (*Child eats to or three breakfasts...)
- The child says he/she has not eaten...
- What does the child mean by “no food in the home?” NOW ASK CLARIFYING QUESTIONS
- What is in your refrigerator? What is in your cupboards? What is the last thing you ate? Who made dinner last night? What did he make? Did you like it? Did you make dinner last night? What did you make?
- LACK OF SUPERVISION:
- Who was supposed to be with you? Where was “Mom”?
- Who is home after school? Who gets you off the bus? Who was home when XYZ happened?
- How long were they home alone? Do they know where the “adult” was during this time? Did the child have a way of contacting someone when they were home alone?
  - What is the child’s level of functioning?
  - How old is the child? Does the child have special needs?
  - Did the child have a way to access help if needed?
  - Was the child scared to be alone?

**Screened in or out based on COMAR and Family Law**
What is an Unattended Child in Maryland

- A Child of any age who is physically, intellectually or cognitively disabled is left unsupervised or with responsibilities beyond his or her capabilities.
- A child under the age of 8 has been left alone or in the care of an inappropriate caregiver.
- A child over the age of 8 has been left alone without a support system for long periods of time or with responsibilities beyond his or her capabilities.

*Screened in or out by CCDSS based on MD Family Law and COMAR*
Unsupervised Children

• Children who have a caretaker present but who are not being adequately supervised within the home or are children outside of the home without supervision.

• Caller needs to describe how the child’s health or welfare was harmed or placed at substantial risk of harm due to the caregiver’s incapacity, circumstances in the child’s environment or the child’s behavior.

  o Children playing outside or walking unsupervised does not meet the criteria for CPS response absent specific information supporting the conclusion that the child has been harmed or is at substantial risk of being harmed if they continue to be unsupervised.

Screened in or out based on COMAR and Family Law
Questions you may be asked?

- The gravity and nature of any injury, harm, or possible harm to the child.
- Extent to which the parent anticipated and managed any risks to the child, including protective measures the parent put in place. (Did Mom ask Grandma to watch the children? Did Mom walk the children to the corner and then let them go the rest of the way?)
- Accessibility of the parent or other responsible caregiver?
- Length of time
- Risk posed by the location where the child was left unsupervised or unattended such as unsafe neighborhood, areas with dangerous intersections etc.

Child's age. Maturity, general level of responsibility, understanding of harm (shooting a BB gun, walking in the middle of the road, playing with matches)

“Consideration when screening is given regarding guidance the school system has developed in relation to children walking to/from school when reviewing reports of children walking to/from school when reviewing reports of children walking/playing in the community unsupervised. However, failure by the parent to adhere to the school system’s rules does not necessarily meet the criteria for a CPS response.”
General Neglect

- Inadequate food/nutrition
- Exposure to unsafe conditions in the home
- Inadequate supervision
- Inadequate clothing or hygiene
- Physical treatment of the child poses a significant risk to the child health or welfare.

Screened in or out based on MD Family Law and COMAR regulations
Medical Neglect

The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain medical, dental, or mental health care.

What is the impact on the child by not receiving this care?
Drug Allegations

How does the parent’s drug/substance use impact the parent’s ability to care for the child? How often does the alcohol/drug use affect the parent? Is the parent impaired/unable to function?

Is the parent able to meet the child’s basic daily needs (food, clothing, shelter, supervision)?

Is the substance accessible to the child?

Is a second adult assisting in caregiving?

*THESE ARE SOME OF THE FACTORS THAT DSS USES TO SCREEN A REFERRAL IN OR OUT
DOMESTIC VIOLENCE

Is the arguing/fighting verbal or physical?

Where was the child during the incident?

Was the child physically harmed during the incident?

Were police called?

Did the child make any statements about how they feel regarding what occurred?
SEXUAL ABUSE

Just report the information given to you....

Questions Screeners will ask...(It is okay if you do not know)

Where did it happen?

When did it happen?

Was it a household member or someone responsible for the care of the child?

Demographics

Was it reported to law enforcement/CPS?
Sexual Abuse: Call CPS
Family member, Household member, Caregiver
“Sexual abuse” means an act that involves sexual molestation or exploitation of a minor, whether physical injuries are sustained or not. A parent or other person who has permanent or temporary care or custody or responsibility for the supervision of a minor may not cause sexual abuse to the minor.

Sexual Assault Call Law Enforcement
Maryland law calls sexual assault “sexual offense,” and defines sexual offense as engaging in any sexual act with another person by force, threat of said force, or without the consent of another.
Issue with CCPS phone system and the Hotline - using a cell phone usually works 😊

Call 410-996-0100 option 3 (follow prompts)

If you do not get through in a timely manner or you can not wait for a call back...

Call 410-996-0100 option 0 and ask for CPS intake

Written reports can be sent by:
Email: Tracey.Farrow@Maryland.gov
Fax 410-996-0228
Or by mail to:
Cecil County DSS
170 East Main Street
Elkton MD 21921

Call Nancy Reasin 410-996-0190
Call Tracey Farrow 410-996-0167
Information Intake will gather from you?

- The type of alleged maltreatment, the circumstances and details of the maltreatment, including date of alleged incident, characteristics and appearance of any injury
- Name, age, whereabouts of any child alleged to be abused/neglected, and other children in the home or under the care of the alleged maltreater
- Any factors that suggest the child is at immediate risk of harm
- Information about any alleged maltreater including name, age, phone number, address, school or employer and current location. (Info from Powerschool/or the child)
- Household composition (name, age, gender, race, ethnicity) for all family members (Powerschool)
Policies involved in screening...
Screening Policy SSA-CW#18-06 COMAR/Family Law

- Legal status of the children e.g. custody order etc.,
- COVID SCREENING QUESTIONS/HUMAN TRAFFICKING CONCERNS
- Potential dangers in the home (i.e. DV, weapons)
Screening questions.....It is okay to say I do not know!
Screeners are trying to determine if a referral can be screened in or out based on the information provided against COMAR and Family Law. All referrals are screened by an Intake Worker, Screening Supervisor, and all screened out referrals are reviewed by an Administrator(s).

Other questions you may be asked by a screener:
• Are there any weapons in the home?
• Are there pets in the home?
• Who else lives in the home?
• Are there other children in the home?
• COVID screening questions
• Concerns for Human Trafficking
COMAR Regulations regarding CPS:

The CPS Response is different from the law enforcement response which follows criminal laws concerning child maltreatment.

Law Enforcement receives a copy of our screened in reports. Screened out reports that involve a crime being committed are sent to law enforcement.

Child Protective Services Regulations

Child Protective Services has TWO chapters of regulations that govern their practice 07.02.07 and 07.02.24:

Protective Services for Neglected and Abused Children
COMAR 07.02.07 from 07.02.07.01 through 07.02.07.24

INDEX of this chapter:
07.02.07.00 Chapter 07 Child Protective Services—Investigation of Child Abuse and Neglect Authority: Family Law Article, §5-701 et seq. Article 88A, 66: Human Services Article, §1-202, 4-202, and 4-207; Annotated Code of Maryland (Federal Reference—42 USC 5106 a (b) 2; 45 CFR §1349.20)
07.02.07.01 Purpose and Scope
07.02.07.02 Definitions
07.02.07.03 Eligibility for a CPS Response
07.02.07.04 Reporting Child Abuse or Neglect
07.02.07.05 Receiving Reports of Suspected Child Abuse or Neglect
07.02.07.06 Initial Response to a Report of Suspected Abuse/Neglect
07.02.07.07 Investigation of Suspected Child Abuse/Neglect— General
07.02.07.08 On-Site Investigation
07.02.07.09 Completing the Investigation of Alleged Child Abuse/Neglect
07.02.07.10 Identification of Alleged Maltreater
07.02.07.11 Child Abuse Disposition
07.02.07.12 Child Neglect Disposition
07.02.07.13 Closure of Investigation
07.02.07.14 Alternative Response Assessment of Child Abuse or Neglect
07.02.07.15 On-Site Alternative Response Assessment
07.02.07.16 Closure of Alternative Response Assessment
07.02.07.17 Provision of Services
07.02.07.18 The Record
07.02.07.19 Expungement of Child Abuse and Neglect Records
07.02.07.20 Centralized Confidential Database
07.02.07.21 Confidentiality— CPS Responses to Child Abuse or Neglect
07.02.07.22 Multidisciplinary Case Consultation Teams
07.02.07.23 Development of Procedure for Joint Investigations
07.02.07.24 Hearings
07.02.07.9999 Administrative History
• Psychiatrist needs to make a recommendation for a higher level of care.
• Guardian must be willing to take the child back after treatment if child is cleared for discharge.
• Why is the parent requesting a VPA?
• What are the specific behaviors of concern?

• **Intake Questionnaire:**

  • What school does the child attend?
  • Who maintains legal custody?
  • Does the child have an IEP
  • Is the child currently at home or hospitalized?
  • Has the child had any prior hospitalizations or out of home placements in the past six to twelve months?

  If so, where was the child hospitalized and what were the previous discharge recommendations?
  • Who maintains legal custody if there is no parental involvement?
  • What does the child’s most recent diagnosis include?
  • Does the child have any documented medical illnesses/conditions/or disability?
  • List of medications
  • List of Doctors/Psychiatrist
  • DJS involvement
  • What other community resources have been explored by the family?

• **THERE ARE LIMITED BEDS AVAILABLE IN MARYLAND/NATIONWIDE**
• **VPA=VOLUNTARY PLACEMENT AGREEMENT**