



TO REPORT SUSPECTED
CHILD ABUSE, NEGLECT OR
DEPENDENCY

CALL

1-877-597-2331
24-HOUR HOTLINE

Table of Contents

Introduction.....	3
Purpose of Booklet.....	3
The Kentucky Unified Juvenile Code.....	3
Purpose of the Law.....	3-4
Adoptions and Safe Families Act.....	4
Definitions of Child Abuse, Neglect and Dependency.....	4-5
When to Report.....	5
When not to Report.....	5-6
Where to Report.....	6
Resource Linkage Network.....	6
Who Must Report.....	6-7
Privileged Communication.....	7
Immunity.....	7
Penalty for Failure to Report.....	7
Why Report to DCBS.....	7-8
What DCBS Needs to Know	8
What to Expect After Making a Report	8
Initiation Timeframes.....	9
Relative Supports.....	9
Who Can Remove Children from their Homes.....	9-10
72-Hour hold by Physicians and Hospital Administrators.....	10
What Can DCBS Share with the Reporting Source About the Case.....	10
Confidentiality and the Person Making the Report.....	10
Who Can Receive Information.....	10-11
Sharing Information with the Schools.....	11
Family Educational Rights and Privacy.....	11
The Uninterrupted Scholars Act.....	11-12
Indicators of Abuse, Neglect and Dependency	12-16
Characteristics of Abusive Parents.....	16
Medical Exams for Diagnostic Purposes and X-rays and Photographs as Evidence	16-17
DCBS Shall Receive Agency Records.....	17
Interviewing Children in Schools	17
Abuse/Neglect in a Licensed Child Care Facility.....	17
Medical Neglect of Disabled Infants.....	17
Additional Legal Definitions of Maltreatment of Children	17-19
Conclusion.....	19
Child Protective Services Intake Flowchart.....	20
Department for Community Based Services County Offices.....	21

Introduction

The Cabinet for Health and Family Services, Department for Community Based Services, Division of Protection and Permanency, child protection program has primary responsibility for receiving and investigating reports of alleged child abuse and neglect and for providing services to children and their families where abuse and neglect are found. It is also the responsibility of this program to educate and inform the community about issues of child abuse and neglect and the community's responsibility in this area. A community in which children can grow in a safe environment does not just happen. It takes vigilance, a commitment to help and cooperation among the many who are involved on behalf of children.

Purpose of Booklet

This booklet is designed to provide information for the person who, as a part of his/her job or profession, may encounter situations of child abuse or neglect. It is designed to assist a reporting source when an abused or neglected child needs special protection and what to do about it. Professionals, who work with children, are in a key position to be aware of maltreated children and are considered mandated reporters. This booklet will provide the following information:

- Definitions of child abuse, neglect and dependency;
- Kentucky laws addressing these problems;
- Procedures for making a report;
- A brief explanation of what happens when a report is made;
- Some key indicators to look for in recognizing cases of possible abuse and neglect or dependency.

The Kentucky Unified Juvenile Code

The child protection program is mandated by statute, which means there are state laws which declare a child's right to be free from abuse and neglect. These laws are called the Kentucky Unified Juvenile Code and are contained in KRS Chapters 600 to 645. The Code requires the reporting of neglect, physical, sexual or emotional abuse and dependency of children, whether it occurs in the home, the school or other community settings. It requires that these reports be assessed and investigated, and requires that social services will be provided to children found to be experiencing maltreatment. Inherent in the code are two basic principles:

- A child's fundamental right to be safe and to be nurtured; and
- A child's basic right to be raised by his/her own parents, whenever possible.

Purpose of the Law

KRS 620.010 describes children's rights:

...Children have certain fundamental rights which must be protected and preserved. These include but are not limited to, the rights to adequate food, clothing and shelter; the right to be free from physical, sexual or emotional injury or exploitation; the right to develop physically, mentally, and emotionally to their potential; and the right to educational instruction and the right to a secure, stable family...

The Code then states that in order to preserve the above rights in cases in which children have been found to be abused, neglected or dependent:

The Commonwealth shall direct its efforts to promoting protection of children; to the strengthening and encouragement of family life for the protection and care of children; to

strengthen and maintain the biological family unit; and to offer all available resources to any family in need of them. KRS 600.010(2)(a).

The law also recognizes that at times children will have to be removed from their homes. However, the code states that "the court shall show that other less restrictive alternatives have been attempted or are not feasible in order to insure that children are not removed from families except when absolutely necessary." KRS 600.010(2)(c).

When a child is removed from his or her home, these laws require that the Department for Community Based Services (DCBS) must work to return the child to his or her parents by providing services;

"Reunification services" means remedial and preventive service which are designed to strengthen the family unit, to secure reunification of the family and child, where appropriate, as quickly as practicable, and to prevent the future removal of the child from the family. KRS 620.020(12).

THE ADOPTION AND SAFE FAMILIES ACT

The Adoption and Safe Families Act (ASFA) of 1997 is federal legislation that requires states to focus on the safety, permanency and well-being of children involved in the child protective and foster care systems. State agencies must develop measurable outcomes to help in their efforts, for example, to reduce recidivism of child protective services (CPS) reports in a family, to achieve permanency goals for children in care and to assist families in developing their own capacities to provide for the needs of their children including physical, mental health and educational needs.

DEFINITIONS OF CHILD ABUSE, NEGLECT AND DEPENDENCY

KRS 600.020 states:

- (1) "Abused or neglected child" means a child whose health or welfare is harmed or threatened with harm when:
- (a) His or her parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person exercising custodial control or supervision of the child:
 1. Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;
 2. Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;
 3. Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005;
 4. Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
 5. Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
 6. Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon a child;
 7. Abandons or exploits the child;
 8. Does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child;
 9. Fails to make sufficient progress toward identified goals as set forth in the court approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for fifteen (15) of the most recent twenty-two (22) months; or

- (b) A person twenty-one (21) years of age or older commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon a child less than sixteen (16) years of age;

KRS 600.020(19) states:

"Dependent child" means any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child."

There are numerous factors involved in defining child abuse and neglect. Cultural and ethnic backgrounds, attitudes concerning parenting and professional training all contribute to an individual's definition. In seeking commonly acceptable definitions, it is helpful to distinguish between abuse and neglect. In simplistic terms, ABUSE IS AN ACT OF COMMISSION, NEGLECT IS AN ACT OF OMISSION.

Kentucky law contains a definition of an abused or neglected child, which must be utilized in determining whether a situation is appropriate for investigation and services by the child protection program. It is important to note that, for the situation to be appropriate DCBS to investigate, the person who is the alleged perpetrator of abuse or neglect must be the parent or guardian or have some type of supervisory responsibility for the child, except in alleged human trafficking cases. This can include a babysitter, school teacher or day care center personnel. In order to intervene in the lives of families there must be a legal basis for such intervention. That basis is discussed below.

WHEN TO REPORT

When there is reason to believe a child is being abused, neglected, dependent or a victim of human trafficking, concerned citizens should contact the child protection hotline at 877-597-2331. Staff will be available to take calls any time of the day or night and on weekends and holidays. If in doubt, it is preferable to call and discuss concerns. It is the job of centralized intake workers to help sort things out, such as whether a specific incident must be reported and to whom.

If the child appears to be in imminent danger or is in need of immediate protection, call 911 or the local police department. For example, a very young child or handicapped child who is left alone with no adult supervision needs immediate help. Police officers can remove a minor from a threatening environment in order to protect the child if the child is in danger of imminent death or serious physical injury or is being sexually abused and the custodian is unable/unwilling to protect the child. KRS 620.040(5)(c).

WHEN NOT TO REPORT

Concerned citizens need to know they have a duty to report suspected child abuse. DCBS has the authority and the obligation to assure that reports meet the statutory definition of abuse, neglect or dependency before a formal child protection investigation is set in motion. In those cases where the referral is not clearly one of abuse, neglect or dependency, but indicates service needs, DCBS attempts to be responsive and find appropriate services. Some criteria for refusing reports are:

- A specific act of abuse, neglect or dependency is not alleged, such as a generalized concern for the welfare of the child that does not state specific allegations reflecting child abuse or neglect. Examples are:
 - A child who is improperly dressed, but the clothing deficiency does not result in harm to the child;
 - A child who is provided nutritious food irregularly or insufficiently, but the health of the child is not impaired;
 - Hygiene, that although not optimal, does not adversely affect the well-being of the child;

- Life-style issues, such as single parent who has several boy/girl friends with no allegations of abuse or neglect to the child;
- A small child who is ambulatory and who has minor marks in routine areas such as the knees and the reporter has no reason to believe the injuries were caused by abuse or neglect;
- Corporal punishment appropriate to the age of the child, without injuries, marks, bruises, or substantial risk of harm; or
- Reports that have insufficient information to locate the child.
- The alleged victim of maltreatment is age 18 or older.
- Abuse or neglect committed by someone other than the parent, guardian or person exercising custodial control or supervision (such as a friend, neighbor, stranger, etc.) should be made to local law enforcement or prosecutors. If DCBS receives this type of report, it will be referred to law enforcement, unless it is a report of human trafficking.

WHERE TO REPORT

Reports of suspected child abuse or neglect may be made to a local police department, prosecutors or to DCBS. To report child abuse and neglect committed by a parent, guardian or person exercising custodial control or supervision of a child, or abuse by a non-caretaker in cases of human trafficking, contact **DCBS** at the toll-free child abuse hotline: (877) 597-2331.

Non-emergency reports may also be made using the Kentucky Child/Adult Protective Services Online Reporting System (<https://prd.chfs.ky.gov/ReportAbuse/home.aspx>).

RESOURCE LINKAGE NETWORK

Sometimes a concerned individual will call the child abuse hotline with genuine concerns about a child's situation, only to be told that the report does not meet the agency's criteria for abuse, neglect or dependency. When it does not meet criteria, the hotline worker can refer the family or the caller to needed resources to assist the family.

WHO MUST REPORT

The law states that it is the duty of **everyone** who has reasonable cause to believe that a child is dependent, abused or neglected to report this information.

KRS 620.030 states:

- (1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Kentucky State Police; the Cabinet or its designated representative; the commonwealth's attorney or the county attorney; by telephone or otherwise...

In addition, the following persons may be required to submit a more detailed, written report:

- (2) Any person, including but not limited to a physician, osteopathic physician, nurse, teacher, school personnel, social worker, coroner, medical examiner, child-caring personnel, resident, intern, chiropractor, dentist, optometrist, emergency medical technician, paramedic, health professional, mental health professional, peace officer or any organization or agency for any of the above, who knows or has reasonable cause to believe that a child is dependent, neglected or abused, regardless of whether the person believed to have caused the dependency, neglect or abuse is a parent, guardian, person exercising custodial control or supervision or another person who has attended such child as a part of his professional duties...

KRS 620.030(1) also states:

...Any supervisor who receives from an employee a report...shall promptly make a report to the proper authorities for investigation...

PRIVILEGED COMMUNICATION

KRS 620.050(3) further states:

Neither the husband-wife nor any professional-client/patient privilege, except the attorney-client and clergy-penitent privilege, shall be a ground for refusing to report under this section or for excluding evidence regarding a dependent, neglected or abused child or the cause thereof, in any judicial proceedings resulting from a report pursuant to this section. This subsection shall also apply in any criminal proceeding in District or Circuit Court regarding a dependent, neglected or abused child.

In other words, if an attorney or clergyman receives information from a client, while in the capacity as an advisor, he/she is exempt from the mandate to make a report based on such information.

IMMUNITY

Both civil and criminal immunity from prosecution are given to any person making a report or assisting legal authorities or the child protection program in making an assessment, as long as that person is acting in good faith.

KRS 620.050(1) states:

Anyone acting upon reasonable cause in the making of a report or acting under KRS620.030 to KRS 620.050 in good faith shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceeding or resulting from such report or action. However, any person who knowingly makes a false report and does so with malice shall be guilty of a Class A misdemeanor.

The law further states that failure to report child abuse or neglect can result in criminal charges.

PENALTY FOR FAILURE TO REPORT

KRS 620.990(1) states:

Any person intentionally violating the provisions of this chapter shall be guilty of a Class B misdemeanor. A Class B misdemeanor carries a penalty of up to 90 days in jail and/or a fine of up to \$250.

WHY REPORT TO DCBS

Child protection has a specialized role in working with children and their families. Briefly, the child protection program's responsibilities are to:

- Respond promptly to reports of alleged neglect, abuse or exploitation of children to determine the validity of the report;
- Assess any harm or injury to children resulting from neglect, abuse or dependency;
- Evaluate the risk of further harm to the child while in the home and whether the child should remain in the home while services are provided;
- Determine and identify the family problem(s) which contributed to or resulted in neglect or abuse;
- Evaluate the potential for treatment to correct conditions and rehabilitate the family;
- Plan a course of treatment calculated to stabilize and rehabilitate the family through services provided by DCBS and the use of other appropriate community resources to meet special needs of the child(ren) and parents;

- Initiate the treatment plan and assist in the involvement of community services to meet identified special needs; and
- Utilize the Juvenile Code in situations where treatment potential is minimal and where there is risk if the child remains at home.

Fortunately, once assistance is offered, most families cooperate with a treatment plan. They receive assistance with parenting problems, health and financial problems, domestic violence, chemical dependency and other stressful situations that affect their family life.

WHAT DCBS NEEDS TO KNOW

When calling in a report of suspected abuse, it is essential that the following information is provided:

- The child's and caretaker's identity, current location (including the address or directions to the home) and whether there are concerns about the child's immediate safety;
- The nature of the abuse and when it occurred;
- Any person believed to be responsible for the abuse or neglect to the child if the person is known, and their relation to the child;
- The nature and extent of the abuse or neglect; and
- The name and address of the reporter, if he or she so chooses.

It is also helpful if the caller can include the following information:

- How the caller views the situation and whether they have any firsthand knowledge of the situation or the family;
- If the caller been involved with the family or made attempts to work with them on the problem;
- Whether the caretaker has been responsive or resistant to any attempt to help.

Although the answers to these questions are helpful, all of the questions do not have to be answered before making a report.

WHAT TO EXPECT AFTER MAKING A REPORT

Due to the nature of reports, the first step taken by DCBS is to determine whether the referral meets the criteria for abuse, neglect or dependency. An investigation/assessment is conducted as soon as possible on all cases, but in cases where the child may be in imminent danger, a worker will investigate/assess within the hour. Most cases will be initiated within 24-48 hours, depending upon the level of risk to the child. On abuse and neglect reports, the police may also investigate to see whether a crime is being committed or whether the children need to be removed for their safety.

KRS 431.600 requires that all child sexual abuse investigations be conducted jointly DCBS and law enforcement. The establishment of local multi-disciplinary teams composed of professionals involved in such investigations, including DCBS, law enforcement, prosecutors, mental health professionals and doctors who conduct child sexual abuse exams, are encouraged to provide a community response to ensuring the protection of the child while coordinating the delivery of service to the family.

If the family must be separated for the child's protection, it is the goal of DCBS to reunite the family members under better circumstances. When it is possible, children are placed with relatives; this helps them maintain their family identity and makes the eventual transition back to their own home easier.

While the first priority is to protect children from abuse, neglect or dependency, it is not the only goal. DCBS wants to help strengthen families by providing planned, goal oriented services, which will increase parental capacity for adequate child care. Services are developed both to help parents alleviate problems which may have been causing maltreatment of their children and to acquire better parenting knowledge and skills.

INITIATION TIMEFRAMES

If the child is in imminent risk a report is initiated in 1 hour. In physical abuse cases, contact must be made within 24 hours; and with neglect cases, within 48 hours.

Agency workers investigate the allegations received to determine their validity, but they also complete a comprehensive assessment of the family's functioning to determine if children are safe, and to determine if there are ongoing risks present in the home that could place the children at risk of future harm. Each family's circumstances are different and how cases are handled will vary. However, DCBS's first and foremost concern is always the safety and protection of children. Based on the level of risk found and the extent of the maltreatment, the worker determines if the report is substantiated or unsubstantiated or if the family is in need of services or not in need of services. If an ongoing case is opened, services will be provided to maintain the child in the home. If a family must be separated for the child's protection, it is the agency's goal to reunite the family members under safer circumstances.

Services are provided both to help parents alleviate problems which may have led to the maltreatment of their children, and to increase parenting knowledge and skills. An investigation flowchart may be found on page 21 to further explain how DCBS responds to reports.

RELATIVE SUPPORTS

Relative placement support benefits (RPSB) are provided one (1) time to facilitate the placement of a child with a non-parental relative, if it is determined that a child is at risk of being placed in foster care or is in the custody of the Cabinet and residing in foster care due to substantiated abuse or neglect naming the child's biological or adoptive parent as the perpetrator; or the death of both parents. Families should talk to their social services worker for more details.

A moratorium on the kinship care program was issued on April 1, 2013, which suspended all new applications for kinship care. Families receiving kinship care benefits prior to April 1, 2013, will continue to receive the benefit as long as they continue to meet the eligibility requirements including required annual recertification with Family Support.

WHO CAN REMOVE CHILDREN FROM THEIR HOMES?

An emergency custody order (ECO) must be obtained from the court any time a child is removed from his or her home. An ECO may be requested in the following situations as defined by KRS 620.060(1):

- (1) The court for the county where the child is present may issue an ex parte emergency custody order when it appears to the court that removal is in the best interest of the child and that there are reasonable grounds to believe, as supported by affidavit or by recorded sworn testimony, that one (1) or more of the following conditions exist and that the parents or other person exercising custodial control or supervision are unable or unwilling to protect the child;
 - (a) The child is in danger of imminent death or serious physical injury or is being sexually abused;
 - (b) The parent has repeatedly inflicted or allowed to be inflicted by other than accidental means physical injury or emotional injury. This condition shall not include reasonable and ordinary discipline recognized in the community where the child lives, as long as reasonable and ordinary discipline does not result in abuse or neglect as defined in KRS 600.020(1); or
 - (c) The child is in immediate danger due to the parent's failure or refusal to provide for the safety and needs of the child.

KRS 620.040(5)(c) states:

Any appropriate law enforcement officer may take a child into protective custody and may hold that child in protective custody without the consent of the parent or other person exercising custodial control or supervision, if there exist reasonable grounds for the officer to believe that the child is in danger of imminent death or serious physical injury or is being sexually abused and that the parents or other person exercising custodial control or supervision are unable or unwilling to protect the child. The officer or the person to whom the officer entrusts the child shall, within twelve (12) hours of taking the child into such protective custody, request the court to issue an emergency custody order.

72-HOUR HOLD BY PHYSICIANS AND HOSPITAL ADMINISTRATORS

Although medical personnel may not take children into protective custody, they do have the right to hold a child whom they feel is in imminent danger.

KRS 620.040(5)(b) states:

If a child who is in the hospital or under the immediate care of a physician appears to be in imminent danger if he or she is returned to the persons having custody of him or her, the physician or hospital administrator may hold the child without court order, provided that a request is made to the court for an emergency custody order at the earliest practicable time, not to exceed seventy-two (72) hours.

WHAT CAN DCBS SHARE WITH THE REPORTING SOURCE ABOUT THE CASE

State law prohibits CHFS from disclosing any confidential information about a case unless it is to a person with a legitimate interest in receiving the information (KRS 620.050).

CONFIDENTIALITY AND THE PERSON MAKING A REPORT

KRS 620.050(11) states: Identifying information concerning the individual initiating the report under KRS 620.030 shall not be disclosed except:

- (a) To law enforcement officials that have a legitimate interest in the case;
- (b) To the agency designated by the cabinet to investigate or assess the report;
- (c) To members of multidisciplinary teams as defined by KRS 620.020 that operated under KRS 431.600;
- (d) Under a court order, after the court has conducted an in camera review of the record of the state related to the report and has found reasonable cause to believe that the reporter knowingly made a false report; or
- (e) The external child fatality and near fatality review panel established by KRS 620.055.

WHO CAN RECEIVE INFORMATION

KRS 620.050 states: (5) The report of suspected child abuse, neglect, or dependency and all information obtained by the cabinet or its delegated representative, as a result of an investigation or assessment shall not be divulged to anyone except:

- (a) Persons suspected of causing dependency, neglect, or abuse;
- (b) The custodial parent or legal guardian of the child alleged to be dependent, neglected, or abused;
- (c) Persons within the cabinet with a legitimate interest or responsibility related to the case;
- (d) Other medical, psychological, educational, or social service agencies, child care administrators, corrections personnel, or law enforcement agencies, including the county attorney's office, the coroner, and the local child fatality response team, that have a legitimate interest in the case;
- (e) A noncustodial parent when the dependency, neglect, or abuse is substantiated;
- (f) Members of multidisciplinary teams as defined by KRS 620.020 and which operate pursuant to KRS 431.600;
- (g) Employees or designated agents of a children's advocacy center;
- (h) Those persons so authorized by court order; or
- (i) The external child fatality and near fatality review panel established by KRS 620.055.

(7) Nothing in this section shall prohibit a parent or guardian from accessing records for his or her child providing that the parent or guardian is not currently under investigation by a law enforcement agency or the cabinet relating to the abuse of a child.

SHARING INFORMATION WITH THE SCHOOLS

School personnel are considered mandatory collaterals regarding school aged children when school is in session. School staff, such as teachers or counselors, who have an ongoing, continuous relationship with a child and a legitimate interest, may receive basic information contained in a child protective services report. These staff may be able to offer important information to assist in the investigation. An example of basic information that could be shared would be that CHFS has received a report of physical abuse. The teacher or counselor may be asked if they have observed any injuries on the child or if the child has disclosed any information about being hurt. DCBS staff informs the school, within two (2) working days:

- At the beginning of an investigation, when the child is a victim of alleged abuse or neglect;
- At the conclusion of the agency's work with the family; and
- When the child is placed in out of home care, to provide a list of individuals who may contact the child at school and who may remove the child from school grounds.

DCBS staff is not mandated to notify school personnel unless school is in session and the child in question is of school age.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring (with appropriate annual notice);
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- Appropriate officials in cases of imminent health and safety emergencies;
- State and local authorities, within a juvenile justice system, pursuant to specific state law; or
- To comply with a judicial order or lawfully issued subpoena.

Schools may disclose, without consent, information the local board of education has approved as "directory" information. This is information such as names and honors that would not be considered highly personal. However, the local board cannot, for example, approve social security numbers to be released as directory information. Schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must annually notify parents and eligible students annually of their rights under FERPA, through reasonable means. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school district.

THE UNINTERRUPTED SCHOLARS ACT

The 2013 Uninterrupted Scholar's Act (USA), made a critical amendment to the Family Educational Rights and Privacy Act (FERPA) of 1974 concerning child welfare agencies accessing FERPA protected

records. This amendment impacts CHFS when requesting educational information and records from the schools by:

- Allowing education agencies to disclose, without parental consent, educational records of children in the custody of a child welfare agency, to that agency's caseworker or other representative who has the right to access the child's case plan, when such agency or tribal organization is legally responsible in accordance with state or tribal law, for the care and protection of the student, provided that the education records or personally identifiable information contained in such record, of the student will not be disclosed except to an individual or entity engaged in addressing the student's education needs and authorized by the child welfare agency to receive the education record information.

FERPA, as amended by the USA, provides:

- Prior to complying with a lawfully issued court order or subpoena requiring disclosure of personally identifiable student information, school authorities shall make a documented effort to notify the parent or eligible student. In compliance with FERPA, notice to the parent is not required when a court order directs that disclosure be made without notification of the student or parent, or when the order is issued in the context of a dependency, neglect, or abuse proceeding in which the parent is a party. If the district receives such orders, the matter(s) may be referred to local counsel for advice.

INDICATORS OF ABUSE, NEGLECT AND DEPENDENCY

Some forms of abuse or neglect are more difficult to detect than others, but there are always signs or indicators which may suggest a child is in need of help. The following pages provide examples and potential indicators for different types of abuse/neglect. These examples may be used as a guide, but should not be considered an all-inclusive list.

NEGLECT

Neglect is when the caretaker has failed to protect a child, or has by lack of action, placed a child at risk of harm. It may not produce visible signs, and it usually occurs over a period of time. It is the failure or lack of prudent care for a child's well-being through lack of adequate supervision, food, clothing, shelter, education or medical care.

EXAMPLES:

- Lack of proper supervision;
- Failure to see that child attends school;
- Denial of necessities of life, e.g., food, water, clothing;
- Denial of medical treatment;
- Abandonment, malnutrition, failure to thrive;
- Parental substance use/abuse that interferes with their ability to properly parent the child.

INDICATORS:

Physical

- Abandonment;
- Lack of adequate supervision;
- Lack of good hygiene;
- Lack of necessary medical or dental care;
- Lack of adequate nutrition;
- Lack of safe, warm, sanitary shelter.

Behavioral

- Low weight for age and/or failure to thrive for no medical reason;

- Untreated sores, severe diaper rash, urine scalds and/or significant dental decay;
- Poor standards of hygiene (i.e. child consistently unwashed);
- Children not adequately supervised for their age;
- Hunger and scavenging or stealing food and focus on basic survival;
- Extended stays at school, public places, and other homes;
- Longs for or indiscriminately seeks adult affection;
- Poor school attendance;
- Emotionally withdrawn;
- Permitted alcohol and other drug abuse;
- Inadequate clothing, especially in winter.

EXPLOITATION (NEGLECT)/HUMAN TRAFFICKING

In the 2013 Legislative Session, House Bill 3 was passed regarding human trafficking and became effective June 26, 2013. Provisions of this bill included DCBS investigating non-caretaker reports involving human trafficking. Human trafficking refers to when one or more children, under the age of 18, have been subjected to engage in criminal activity involving forced labor services or commercial sexual activity regardless of whether or not force, fraud or coercion is involved. This includes prostitution even if there is no identified person acting as the pimp.

EXAMPLES:

- Prostitution rings;
- Operations of massage parlors, strip clubs, etc.;
- Encounters with migrant workers where a foreman or supervisor attempts to keep the group away from the law enforcement officers or attempts to control all communication between the officer and the group;
- Crimes involving immigrant children in situations such as prostitution or forced labor.

INDICATORS:

Physical

- Shows signs of physical, mental or sexual abuse;
- Tattoos/branding that may indicate ownership;
- History of STDs, pregnancies, or abortions.

Behavioral

- Multiple reports of runaway incidents with no explanation as to whereabouts;
- Exhibits withdrawn behavior, depression or other sudden change in behavior;
- Shows signs of drug addiction or reports being given drugs by a male peer/older male;
- Has engaged in prostitution or other commercial sex acts;
- Makes references to sexual situations that are beyond age-specific norms;
- Has a “boyfriend” who is noticeably older and/or receiving phone calls from older males;
- Uses language such as “in the life,” “daddy” (referring to boyfriend), “wife -in -law” (refers to other trafficked girl), “stable,” “bottom girl,” or “quota;”
- Has been labeled as a “slut,” “whore” or “skank” by her peers;
- Is in possession of items such as hotel access key cards, multiple phones, condoms, cards with phone numbers/names, false IDs, poker chips/tokens, etc.

PHYSICAL ABUSE

Physical abuse is the injury by other than accidental means of a child under 18 years of age which is the result of actions by a parent, guardian or other designated (temporary or permanent) caretaker.

EXAMPLES:

- Hitting, kicking, biting;
- Harmful restraint (choking);
- Beating (repeated blows);
- Use of weapon or instrument;
- Action resulting in substantial pain or impairment.

INDICATORS:Physical

- Bruises on the body, in unusual patterns, in various stages of healing, or on an infant;
- Burns-immersion, cigarette, rope, dry (caused by an iron or other electrical appliances);
- Lacerations and abrasions-on lips, eye, any portion of an infant's face, on gum tissues (from forced feeding), on external genitals;
- Missing or loosened teeth;
- Broken bones;
- Head injuries-absence of hair, excessive vomiting, bruising beneath scalp, subdural hematoma, retinal hemorrhage and nasal or jaw fracture;
- Internal injuries—duodenal hematoma, jejunal hematoma, rupture of inferior vena cava, peritonitis (resulting from hitting or kicking);
- Pattern of injuries reflecting the use of an object such as an extension cord, paddle, etc.

A child who is abused frequently and severely at an early age may be likely to exhibit these low profile behavioral characteristics:

Behavioral

- Overly compliant to avoid confrontation;
- Lacking in curiosity;
- Fearful of physical contact;
- Excessively self-controlled;-;
- Enjoys little or nothing;
- May appear autistic.

A child who is less severely or less frequently abused, and is a little older at onset, may exhibit some of these behavioral characteristics:

- Timid, easily frightened;
- Psychosomatic complaints, such as enuresis and vomiting;
- Craves affection;
- Experiences language delay;
- Has difficulty with school in spite of normal ability (energy is misdirected);
- Shows indiscriminate attachment to strangers;
- Assumes the role of parent in the parent-child relationship or is extremely mature in parent-child interactions.

A child who is mildly, infrequently or inconsistently abused at an older age may be likely to exhibit these characteristics:

- Hurts other children;
- May try to "make happen" what he/she expects in order to gain feeling of control;
- Shows extreme aggressiveness;

- Has severe, anger filled temper tantrums;
- Developmentally delayed.

Environmental

- Family crisis of unemployment, death, desertion, ill health;
- Severe personal problems, such as drug addiction, alcoholism, mental illness;
- Geographic and/or social isolation of family;
- Child seen as, or actually is, different or difficult;
- Parent unaware of appropriate behavior for child at given age;
- Parental characteristics stemming from own childhood abuse.

SEXUAL ABUSE AND SEXUAL EXPLOITATION

Sexual abuse and sexual exploitation may be defined as contacts or interaction involving the use of children for sexual stimulation. The definition remains broad to include molestation and/or rape of a child by an adult or juvenile, as well as acts such as child pornography and prostitution. Sexual abuse can include a wide range of behavior:

EXAMPLES:

- Genital exposure;
- Fondling;
- Masturbation of child victim;
- Oral sex;
- Penetration of vagina or anus.

INDICATORS:

Physical

- Difficulty walking or sitting;
- Bruises or bleeding from external genitalia, vagina, or anal regions;
- Presence of semen;
- Positive tests for sexually transmitted diseases;
- Torn, stained or bloody underclothes;
- Pain or itching in the genital area;
- Hymen stretched at very young age;
- Pregnancy.

Behavioral

- Poor peer relationships;
- Regression;
- Sexualized behavior;
- Knowledge of sexual behaviors inconsistent with child's developmental level;
- Aggressiveness or delinquency;
- Prostitution;
- Truancy from home;
- Drug usage;
- Seductive behavior;
- Reluctance to participate in recreational activity;
- Preoccupations in young children, with sexual organs of self, parents or other children.

EMOTIONAL INJURY

Emotional injury is any injury to the mental or psychological capacity or emotional stability of a child noted and evidenced by a substantial and observable impairment in his or her ability to function within a

normal range of performance and behavior with regard to the child's age, development, culture and environment (as testified to by a mental health professional).

EXAMPLES:

- Withdrawal of love;
- Ignoring;
- Name calling;
- Ridiculing;
- Threats;
- Isolating;
- Scapegoating;
- Cruel or bizarre punishment;
- Terrorization;
- Total rejection.

DEPENDENCY

A dependent child is one who is not receiving proper care or supervision due to no fault of the parent.

EXAMPLES:

- The parent is physically or mentally ill or injured;
- Death of one or both parents.

CHARACTERISTICS OF ABUSIVE PARENTS

- Poor self-concept;
- Fear of authority;
- Rigidity or compulsiveness;
- Hostility and aggressiveness;
- Undue fear of spoiling child;
- Unreasonable expectations for child;
- Lack of skills to meet own emotional needs;
- Belief of necessity for harsh physical discipline;
- Acceptance of violence as a means of communication;
- Emotional dependency of non-abusive spouse to the point that he/she will not intervene and will protect abusive spouse.

MEDICAL EXAMS FOR DIAGNOSTIC PURPOSES AND X-RAYS AND PHOTOGRAPHS AS EVIDENCE

As part of a medical evaluation or investigation of a report, the law allows certain information to be gathered without the consent of the parent or custodian.

KRS 620.050(14) states:

As a result of any report of suspected child abuse or neglect, photographs and X-rays or other appropriate medical diagnostic procedures may be taken or cause to be taken, without the consent of the parent or other person exercising custodial control or supervision of the child, as a part of the medical evaluation or investigation of these reports. These photographs and X-rays or results of other medical diagnostic procedures may be introduced into evidence in any subsequent judicial proceedings. The person performing the diagnostic procedures or taking photographs or X-rays shall

be immune from criminal or civil liability for having performed the act. Nothing herein shall limit liability for negligence.

DCBS SHALL RECEIVE AGENCY RECORDS

The law states that DCBS, in order to fulfill their legal obligation to protect children, shall receive cooperation, assistance and information from agencies providing services to the child or the child's family. DCBS may request a written report from professional reporters. (KRS 620.030)

KRS 620.030(5) states:

The Cabinet, upon request, shall receive from any agency of the state or any other agency, institution, or facility providing services to the child or his or her family, such cooperation, assistance and information as will enable the Cabinet to fulfill its responsibilities under KRS 620.030, 620.040, and 620.050.

INTERVIEWING CHILDREN IN SCHOOLS

Social service workers have the authority to investigate child abuse, neglect and dependency reports at schools without parental consent per KRS 620.030. When interviewing a child in the school, social service workers should inform appropriate school personnel of their need to interview a child regarding a referral, and if necessary, show their identification card. Details of the allegation and investigation should only be given to appropriate school personnel with a legitimate interest in the case. A child may request that a teacher or counselor be present during the interview, and the social service worker may choose to do so, if this is in the best interest of the child.

ABUSE/NEGLECT IN A LICENSED CHILD CARE FACILITY

When a referral alleging child abuse or neglect of a child in a licensed child care facility (private child care, day care center or certified/registered child care home) is accepted as an investigation, the Office of Inspector General Division of Licensing and Regulation must be notified by the social service worker conducting the investigation. DCBS and the Division for Licensing and Regulation both conduct investigations regarding these referrals.

MEDICAL NEGLECT OF DISABLED INFANTS

Federal regulations prohibit the withholding of nourishment and medically beneficial treatment from handicapped infants solely on the basis of their present or anticipated mental or physical impairments. The term "infant" means a child less than one year of age; however, this does not imply that treatment should be changed or discounted when the child is older than one year old. This does not affect or limit existing protection under Kentucky State laws regarding medical neglect of children.

Any person who knows or suspects medical neglect of a disabled infant has a legal responsibility to report it to DCBS at 1-877-597-2331. Failure to report is a Class B misdemeanor and may result in a jail sentence and/or a fine.

ADDITIONAL LEGAL DEFINITIONS RELATED TO MALTREATMENT OF CHILDREN

The following definitions are quoted from KRS 600.020 (sub-sections are noted in parentheses).

- (8) "Child" means any person who has not reached his or her eighteenth birthday, unless otherwise provided;
- (25) "Emotional injury" means an injury to the mental or psychological capacity or emotional stability of a child as evidenced by a substantial and observable impairment in the child's ability to function

within a normal range of performance and behavior with due regard to his or her age, development, culture, and environment as testified to by a qualified mental health professional;

- (44) "Person exercising custodial control or supervision" means a person or agency that has assumed the role and responsibility of a parent or guardian for the child, but that does not necessarily have legal custody of the child;
- (47) "Physical injury" means substantial physical pain or any impairment of physical condition;
- (49) "Qualified mental health professional" means:
- (a) A physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties;
 - (b) A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or medical officer of the government of the United States while engaged in the practice of official duties, and who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.;
 - (c) A psychologist with the health service provider designation, a psychological practitioner, a certified psychologist, or a psychological associate licensed under the provisions of KRS Chapter 319;
 - (d) A licensed registered nurse with a master's degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience with mentally ill persons, or a licensed registered nurse with a bachelor's degree in nursing from an accredited institution who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of inpatient or outpatient clinical experience in psychiatric nursing and who is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a regional comprehensive care center;
 - (e) A licensed clinical social worker licensed under the provisions of KRS 335.100, or a certified social worker licensed under the provisions of KRS 335.080 with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a regional comprehensive care center;
 - (f) A marriage and family therapist licensed under the provisions of KRS 335.300 to 335.399 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth, a psychiatric unit of a general hospital, or a regional comprehensive care center; or
 - (g) A professional counselor credentialed under the provisions of KRS 335.500 to 335.599 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, or a regional comprehensive care center.
- (55) "Serious physical injury" means physical injury which creates a substantial risk of death or which causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of any bodily member or organ;
- (56) "Sexual abuse" includes but is not necessarily limited to any contacts or interactions in which the parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person having custodial control or supervision of the child or responsibility for his or her welfare, uses or allows, permits, or encourages the use of the child for the purposes of the sexual stimulation of the perpetrator or another person;

- (57) "Sexual exploitation" includes but is not limited to a situation in which a parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person having custodial control or supervision of a child or responsible for his or her welfare, allows, permits, or encourages the child to engage in an act which constitutes prostitution under Kentucky law; or a parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person having custodial control or supervision of a child or responsible for his or her welfare, allows, permits, or encourages the child to engage in an act or obscene or pornographic photographing, filming, or depicting of a child as provided for under Kentucky law.

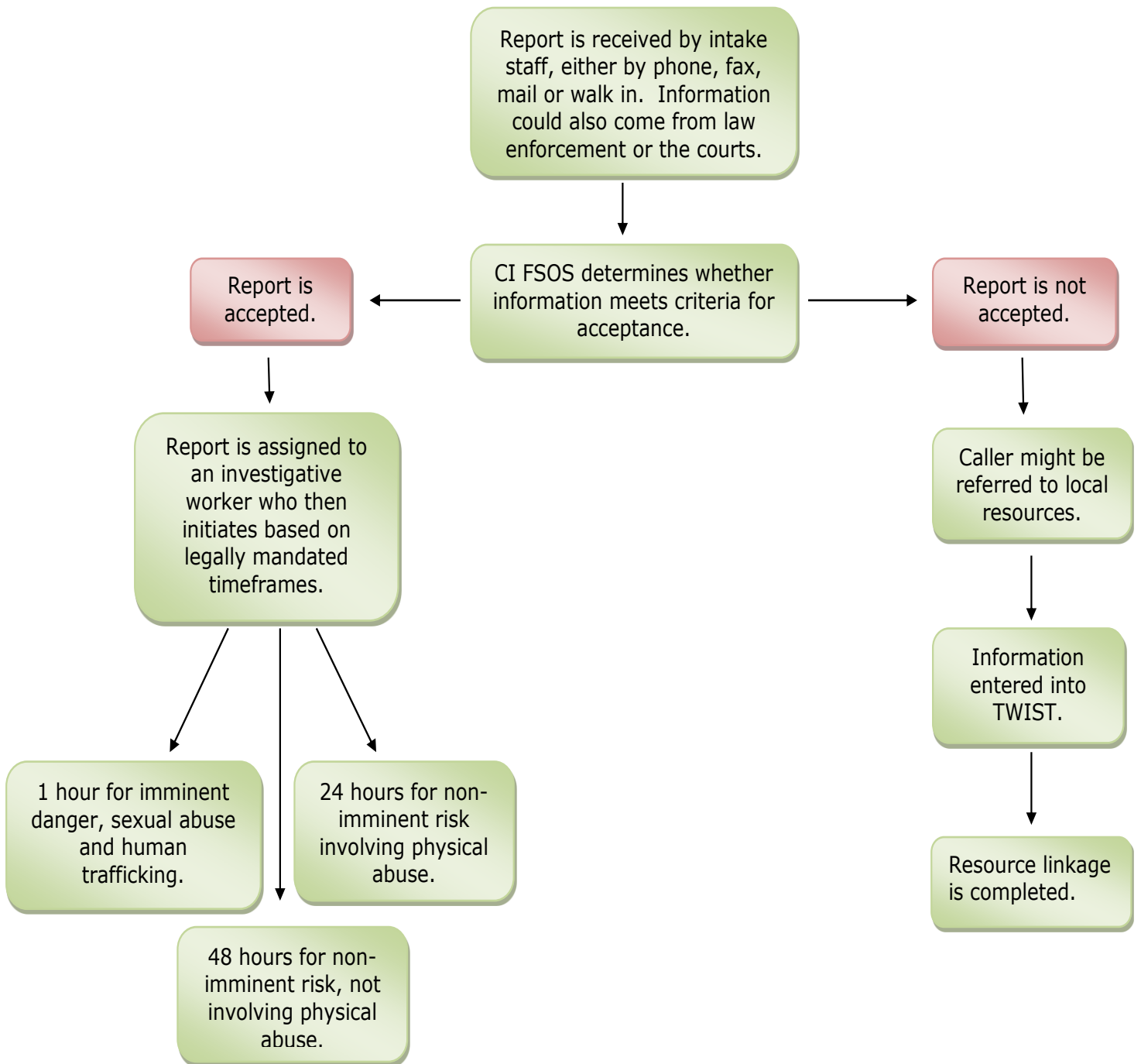
CONCLUSION

Hopefully this booklet will assist the reader in recognizing situations of possible abuse, neglect or dependency.

The Cabinet for Health and Family Services, Department for Community Based Services, Division of Protection and Permanency is only one component of a network of community agencies that is responsible for responding to the problem of child abuse and neglect. Effective child protection can only be accomplished through a coordinated effort among the fields of medicine, law enforcement, education, mental health, child care and other groups that interface with child protection families. Protecting children is truly a community concern.

Applicable Kentucky Revised Statutes and Kentucky Administrative Regulations may be found online at <http://www.lrc.state.ky.us>. For further information regarding child abuse, neglect or dependency, contact a local DCBS office using the listing found on page 21.

Child Protective Services Intake Flowchart



DEPARTMENT FOR COMMUNITY BASED SERVICES COUNTY OFFICES
Division of Protection and Permanency
Revised 10/2013

- Adair (270) 384-4731
- Allen (270) 237-3101
- Anderson (502) 839-5176
- Ballard (270) 335-5173
- Barren (270) 651-8396
- Bath (606) 674-6308
- Bell (606) 337-6171
- Boone (859) 371-8832
- Bourbon (859) 987-4655
- Boyd (606) 920-2032
- Boyle (859) 239-7105
- Bracken (606) 735-2195
- Breathitt (606) 666-7506
- Breckinridge (270) 756-2196
- Bullitt (502) 955-6591
- Butler (270) 526-3833
- Caldwell (270) 365-7275
- Calloway (270) 753-5362
- Campbell (859) 292-6733
- Carlisle (270) 628-3434
- Carroll (502) 732-6681
- Carter (606) 474-6627
- Casey (606) 787-8369

- Christian (270) 889-6503
- Clark (859) 737-7771
- Clay (606) 598-2027
- Clinton (606) 387-6655
- Crittenden (270) 965-5246
- Cumberland (270) 864-3834
- Daviss (270) 687-7491
- Edmonson (270) 597-2163
- Elliott (606) 738-5167
- Estill (606) 723-5146
- Fayette (859) 245-5258
- Fleming (606) 845-2381
- Floyd (606) 889-1724
- Franklin (502) 564-6637
- Fulton (270) 472-1850

- Gallatin (859) 567-7381
- Garrard (859) 792-2186

- Grant (859) 824-3381
- Graves (270) 247-4711
- Grayson (270) 259-3184
- Green (270) 932-7485
- Greenup (606) 473-7366
- Hancock (270) 927-8142
- Hardin (270) 766-5099
- Harlan (606) 573-4620
- Harrison (859) 234-3884
- Hart (270) 524-7111
- Henderson (270) 826-6203
- Henry (502) 845-2922
- Hickman (270) 653-4335
- Hopkins (270) 824-7566
- Jackson (606) 287-7114
- Jefferson (502) 595-4550
- Jessamine (859) 885-9451
- Johnson (606) 788-7118
- Kenton (859) 292-6340
- Knott (606) 785-3106
- Knox (606) 546-5154
- Larue (270) 358-4175
- Laurel (606) 330-2015
- Corbin (606) 528-4234
- Lawrence (606) 638-4360
- Lee (606) 464-8801
- Leslie (606) 672-2313
- Letcher (606) 633-0191
- Lewis (606) 796-2981
- Lincoln (606) 365-3551
- Livingston (270) 928-2158
- Logan (270) 726-3516
- Lyon (270) 388-2146
- McCracken (270) 575-7105
- McCreary (606) 376-5365
- McLean (270) 273-3599
- Madison (859) 986-8411
- Magoffin (606) 349-3123
- Marion (270) 692-3135

- Marshall (270) 527-1354
- Martin (606) 298-7633

- Mason (606) 564-6818
- Meade (270) 422-3942
- Menifee (606) 768-2154
- Mercer (859) 734-5448
- Metcalf (270) 432-2721
- Monroe (270) 487-6701
- Montgomery (859) 498-6312
- Morgan (606) 743-3158
- Muhlenberg (270) 338-3072
- Nelson (502) 348-9048
- Nicholas (606) 289-7123
- Ohio (270) 274-8996
- Oldham (502) 222-9472
- Owen (502) 484-3937
- Owsley (606) 593-5191
- Pendleton (859) 654-3381
- Perry (606) 435-6060
- Pike (606) 433-7596
- Powell (606) 663-2881
- Pulaski (606) 677-4086
- Robertson (606) 724-5413
- Rockcastle (606) 256-2138
- Rowan (606) 783-8555

- Russell (270) 343-3512
- Scott (502) 863-0565
- Shelby (502) 633-1892
- Simpson (270) 586-8266
- Spencer (502) 477-8807
- Taylor (270) 465-3549
- Todd (270) 265-2543
- Trigg (270) 522-3451
- Trimble (502) 255-3236
- Union (270) 389-2314
- Warren (270) 746-7447
- Washington (859) 336-9395
- Wayne (606) 348-9361
- Webster (270) 667-7043
- Whitley (606) 528-4234
- Williamsburg (606) 549-4505
- Wolfe (606) 668-3101
- Woodford (859) 873-8041

TO REPORT SUSPECTED CHILD ABUSE NEGLECT OR DEPENDENCY

CALL

1-877-597-2331
24-HOUR HOTLINE; or

[Kentucky Child/Adult Protective Services Online Reporting System](https://prd.chfs.ky.gov/ReportAbuse/home.aspx)
(<https://prd.chfs.ky.gov/ReportAbuse/home.aspx>) for non-emergency reports;

IF A CHILD IS IN IMMEDIATE DANGER, CALL 911

This handbook is published by the
Cabinet for Health and Family Services
Community Based Services
An Equal Opportunity Employer M/F/D
Deaf and Hearing Impaired:
Call 1-800-627-4702 (TTY/TDD) or
1-800-372-2973 (V/TDD) or (502) 564-5497

This handbook is also available on the [Related Resources Browser](#) of the online standards of practice manual.