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PREFACE

The enclosed protocol for reporting suspected child abuse in Montgomery County, Pennsylvania is offered and suggested for use by Medical Personnel. Medical Personnel, Child Protective Service Staff, Law Enforcement Personnel and others comprise a formidable team in the detection, protection and treatment of children and parents from families where child abuse has occurred. Thus, it is with this in mind and with the intent to tighten the child protection safety net for our county’s most vulnerable citizens that this guide has been completed by the staff and Child Abuse Multi-Disciplinary Consultation Team of the Montgomery County Office of Children and Youth.

THE MULTI-DISCIPLINARY TEAM

The Multi-Disciplinary Team of the Montgomery County Office of Children and Youth is composed of professionals from a variety of disciplines. It includes representatives from the fields of:

- social service
- health and medicine
- mental health
- education
- law enforcement
- law
- religion

The MDT provides consultation on cases referred and presented to them by child protective service staff. Members pool their knowledge to assist with the diagnosis of child abuse and offer treatment recommendations. Another purpose of the MDT is to assist in educating organizations and individuals in identifying and reporting suspected child abuse. This protocol is a part of that mission.
SECTION I

PURPOSE – This protocol is completed with intent to:

- Prevent further neglect or injury to children, and encourage more complete reporting of suspected child abuse.
- Ensure that child abuse will be reported to the appropriate child protective and/or law enforcement agencies, in compliance with State Law.

POLICIES

1. The P.L. 124 (Nov. 1975) as updated and amended, requires that any report under the Child Protective Services Law will result in protective services being made available on behalf of the children under age eighteen (attached).

2. Oral reports shall be made immediately (24 hours a day) statewide via ChildLine at 1-800-932-0313, followed by a report in writing within 48 hours, to the Child Protective Services Unit in the county in which the alleged abuse occurred, using Form CY 47. If it is suspected that a child’s safety is in jeopardy, the physician examining or treating the child, the director of a medical facility, or the police have legal authority to take the child into protective custody per section 3490.57 in the law. In Montgomery County, the Office of Children and Youth (OCY) provides Child Protective Services.

3. All persons, who in good faith, report abuse pursuant to the act are immune from civil and criminal liability. The physician-patient confidentiality shall not apply in respect to evidence regarding such injuries in any judicial proceedings resulting from such a report and shall not constitute grounds for failure to report as required by the act.

4. The following list contains some indicators which may cause suspicion of child abuse and child neglect (This list is for reference only).
   a) Medical findings inconsistent with history presented
   b) Age of injuries represents delayed treatment of care
   c) X-ray finding characteristic of abuse, e.g., multiple fractures, separation of epiphyses, etc.
   d) Subdural hematoma or skull fracture
   e) Scars caused by cigarette burns and/or observation of odd shaped bruises
   f) Swelling and tenderness of extremities
   g) Abnormal findings about genitalia, perineum, peri-anal area in either sex, which may be secondary to sexual abuse
   h) Evidence of sexually transmitted disease
   i) Injuries present are not mentioned in the history revealed by parent
   j) A history of repeated injuries or prior abuse
   k) Evidence of malnutrition
   l) Evidence of delay in seeking help
   m) Injury that is suspiciously blamed on someone else other than parent or caretaker, i.e. babysitter, unknown party, animal, etc.
   n) Parents who minimize or react inappropriately to the extent of the injury or injuries
5. Qualified personnel will report and document suspected child abuse according to the above policies. Color photograph and roentgenograms should be obtained, when appropriate.

6. Social Service will be notified by consult.

PROCEDURE:

1. Admit child to Emergency Department for appropriate examination and treatment.
2. Medical treatment shall be administered relative to the injuries incurred.
3. If the physical examination indicates abuse, an oral report is made by the designated Emergency Room Personnel to Pennsylvania Department of Public Welfare, using the toll free ChildLine number 1-800-932-0313, indicating:
   a) The name, address and county of residence of the child, and of parents or other persons responsible for the child.
   b) The age of the child.
   c) The date, nature and extent of the child’s injuries or physical neglect. Notify police, when appropriate, for criminal act with a deadly weapon.
   d) Evidence of previous injuries, and any other information which the physician believes may be helpful in establishing the cause of the injuries or neglect, and the identity of the perpetrator if known.
   e) Whether child is to be admitted to hospital or discharged.
4. The physician will then adequately record this call on the patient’s chart, stating time, agency notified, and the name of the person receiving information. The ChildLine number is 1-800-932-0313.
5. In the event that admission to the hospital is indicated and the parents will not give the appropriate permission, county agency should be contacted for consultations and determination of appropriate action.
6. The Emergency Room Personnel will complete the CY-47 and forward to the Office of Children and Youth of the county in which the suspected abuse occurred within 24 hours. ChildLine staff can provide the address.
7. Each Hospital Administrator or his/her designee thereof shall establish the area of responsibility for handling any further legal developments.

Note: A staff person from the local Child Protective Service Unit (Montgomery County OCY) may obtain and release information from ChildLine to an examining physician or hospital director concerning any information on file regarding past substantiated reports of abuse to the subject child.
REPORT OF SUSPECTED CHILD ABUSE  
(CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)  

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE, PLEASE PRINT OR TYPE  

<table>
<thead>
<tr>
<th>1. NAME OF CHILD (Last, First, Initial)</th>
<th>SOC. SEC. NO.</th>
<th>BIRTHDATE</th>
<th>SEX</th>
<th>COUNT</th>
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<tbody>
<tr>
<td>ADDRESS (Street, City, State &amp; Zip Code)</td>
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1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE  

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<tr>
<th>COUNTY</th>
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<tr>
<th>2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)</th>
<th>SOC. SEC. NO.</th>
<th>BIRTHDATE</th>
<th>TELEPHONE NO.</th>
<th>COUNT</th>
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<tbody>
<tr>
<td>ADDRESS (Street, City, State &amp; Zip Code)</td>
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<th>COUNTY</th>
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<tr>
<th>3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)</th>
<th>SOC. SEC. NO.</th>
<th>BIRTHDATE</th>
<th>COUNTY</th>
<th>TELEPHONE NO.</th>
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<td>ADDRESS (Street, City, State &amp; Zip Code)</td>
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<th>COUNTY</th>
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<tr>
<th>4. OTHER PERSON RESPONSIBLE FOR CHILD</th>
<th>SOC. SEC. NO.</th>
<th>BIRTHDATE</th>
<th>RELATIONSHIP TO CHILD</th>
<th>SEX</th>
<th>COUNTY</th>
<th>TELEPHONE NO.</th>
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<tr>
<td>ADDRESS (Street, City, State &amp; Zip Code)</td>
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<td>COUNTY</td>
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<tr>
<th>TELEPHONE NO.</th>
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<tr>
<th>5. ALLEGED PERPETRATOR (Last, First, Initial)</th>
<th>SOC. SEC. NO.</th>
<th>BIRTHDATE</th>
<th>RELATIONSHIP TO CHILD</th>
<th>SEX</th>
<th>COUNTY</th>
<th>TELEPHONE NO.</th>
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<td>ADDRESS (Street, City, State &amp; Zip Code)</td>
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<td>COUNTY</td>
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<tr>
<th>TELEPHONE NO.</th>
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<tr>
<th>6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)</th>
<th>RELATIONSHIP TO CHILD</th>
<th>NAME (Last, First, Initial)</th>
<th>RELATIONSHIP TO CHILD</th>
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<tbody>
<tr>
<td>A.</td>
<td>B.</td>
<td>C.</td>
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<tr>
<th>NAME (Last, First, Initial)</th>
<th>RELATIONSHIP TO CHILD</th>
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<tbody>
<tr>
<td>A.</td>
<td>B.</td>
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</table>

DESCRIBE INJURIES/CONDITION AND WHY YOU SUSPECT ABUSE/NEGLECT. INCLUDE EVIDENCE OF PRIOR ABUSE TO THIS CHILD, SIBLING OR PERPETRATOR. PLEASE REFER TO OPPOSITE SIDE FOR ADDITIONAL INFORMATION. PLEASE NOTE EXACT LOCATION OF THE INJURIES ON MODEL BELOW.  

COUNTY WHERE ABUSE OCCURRED | DATE OF INCIDENT |  
|----------------------------|-----------------|  

|  
|  

01814A  

CY 47 - 6/95  

5
### 7. Actions Taken or About to Be Taken by Reporter, County Agency, Law Enforcement, School Official, or Others.

<table>
<thead>
<tr>
<th>Description</th>
<th>No</th>
<th>Unknown</th>
<th>Yes</th>
<th>If Yes, Please Explain</th>
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<tbody>
<tr>
<td>Notification of Coroner</td>
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<tr>
<td>X-rays</td>
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<tr>
<td>Photographs</td>
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<tr>
<td>Hospitalization</td>
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<tr>
<td>Police Notified</td>
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<tr>
<td>Medical Examination</td>
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<tr>
<td>Emergency Custody Taken</td>
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<tr>
<td>Other (Specify)</td>
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### B. Risk Factors, Child:

A. Describe any physical, mental or behavioral factors that may place the child at risk: [ ] Unknown

B. Does the child appear to need immediate medical attention? [ ] No [ ] Unknown [ ] Yes

If Yes, Please Explain:

C. Level of pain child exhibits: [ ] Mild [ ] Moderate [ ] Severe

Please Describe:

D. Does the child appear to be fearful, suicidal or withdrawn? If Yes, Please Explain:

[ ] No [ ] Unknown [ ] Yes

### B. Risk Factors, Family:

A. Describe any caretaker/perpetrator characteristics that place the child at risk: [ ] Unknown

B. Describe the extent of perpetrator's access to child: [ ] Unknown

C. Is there any substance abuse in the household? If yes, please explain:

[ ] No [ ] Unknown [ ] Yes

D. Does the caretaker/perpetrator have a history of violence or severe emotional problems? If Yes, Please Explain:

[ ] No [ ] Unknown [ ] Yes

E. What is the environmental (health and safety) condition of the home? [ ] Unknown

F. Will child be at risk due to county agency involvement? If Yes, Please Explain:

[ ] No [ ] Unknown [ ] Yes

G. Are there weapons in the home? If Yes, Please Explain:

[ ] No [ ] Unknown [ ] Yes

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**Instructions to Mandated Persons:** Any persons who, in the course of their employment, occupation, or practice of their profession come into contact with children shall report or cause a report to be made to ChildLine (800-932-0313) when they have reasonable cause to suspect, on the basis of their medical, professional or other training and experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Within 48 hours after making the oral report, send one copy of this report to the county children and youth agency.

**Note:** If the child has been taken into custody, you must also immediately contact the county children and youth agency where the abuse occurred. Except for confidential communications made to an ordained member of the clergy, the privileged communication between any professional person required to report and the patient or client of that person shall not apply to situations involving child abuse and shall not constitute grounds for failure to report suspected abuse.

**Reporting Source**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title or Relationship to Child</th>
<th>Facility or Organization</th>
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<tr>
<th>Address</th>
<th>Telephone Number</th>
<th>Date of Report</th>
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SECTION II
DEFINITIONS

CHILD ABUSE:

The term “child abuse” shall mean any of the following:

Any recent act or failure to act by a perpetrator, which causes non-accidental serious physical injury to a child under 18 years of age.

An act or failure to act by a perpetrator, which causes non-accidental serious mental injury to or sexual abuse or sexual exploitation of a child under 18 years of age.

Any recent act, failure to act or series of such acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under 18 years of age.

Serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care, which endangers a child’s life or development or impairs the child’s functioning.

SERIOUS PHYSICAL INJURY:

Injury that causes SEVERE PAIN OR significantly IMPAIRS CHILD’S PHYSICAL FUNCTIONING temporarily or permanently. (Injury must be RECENT: WITHIN The past TWO YEARS.)

SERIOUS BODILY INJURY:

Injury that creates SUBSTANTIAL RISK of DEATH or SERIOUS PERMANENT DISFIGUREMENT or PROTRACTED LOSS or IMPAIRMENT of function of any BODILY MEMBER OR ORGAN.

SEXUAL ABUSE/EXPLOITATION:

The employment, use, persuasion, inducement, enticement, or coercion of a child to engage in…ANY SEXUALLY EXPLICIT CONDUCT…or any SIMULATION OF SEXUALLY EXPLICIT CONDUCT…or the RAPE, MOLESTATION, INCEST, PROSTITUTION or OTHER FORM OF SEXUAL EXPLOITATION OF CHILDREN.

MENTAL INJURY (EMOTIONAL ABUSE):

A PSYCHOLOGICAL CONDITION, AS DIAGNOSED BY A PHYSICIAN, or LICENSED PSYCHOLOGIST… that renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic, or in reasonable fear that the child’s life or safety is threatened; OR seriously interferes with child’s ability to accomplish age-appropriate developmental and social tasks.
SERIOUS PHYSICAL NEGLECT:
Prolonged or repeated LACK OF SUPERVISION or FAILURE TO PROVIDE THE ESSENTIALS OF LIFE, including adequate medical care, WHICH ENDANGERS A CHILD’S LIFE or DEVELOPMENT or IMPAIRS THE CHILD’S FUNCTIONING.

IMMINENT RISK OF ABUSE:
Applies to PHYSICAL and SEXUAL ABUSE only. A specific act or failure to act which puts child at risk of physical abuse during or immediately following the act. Child would have sustained serious injury if not for happenstance, the intervention of a third party, or the actions of the child. Incident must be RECENT: WITHIN the past TWO YEARS.

CATEGORIES OF PERPETRATORS UNDER CPSL

1. CHILD’S PARENT

2. PERSON RESPONSIBLE FOR THE CHILD’S WELFARE
   A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment training or control of a child in lieu of parental care, supervision and control. (This does NOT include school employees.)

3. INDIVIDUAL RESIDING IN THE SAME HOME AS THE CHILD
   The individual must be 14 years of age or older.

4. PARAMOUR OF THE CHILD’S PARENT
   Regardless of where they reside
SIGNS OF PHYSICAL ABUSE

BRUISES AND WELTS:
Face, lips, mouth, ears, eyes, neck or head, trunk, back, buttocks, thighs, or extremities; on multiple body surfaces or soft tissue; forming regular patterns, or shape of article used (hand, teeth, belt buckle, and cord)

BURNS:
Cigar or cigarette, usually on the soles, palms, back, buttocks; immersion burns (stocking or glove like on extremities, doughnut shape on buttocks or genitals); patterned burns resembling an electrical appliance such as an iron, burner, grill.

FRACTURES:
Skull, ribs, nose, facial structure or long bones, linear or spiral fractures; in various stages of healing.

LACERATIONS OR ABRASIONS:
Rope burns on wrists, ankles, neck or torso; palate, gums, lips, eyes or ears, external genitalia, body surfaces.

ABDOMINAL INJURIES:
Bruises of the abdominal wall; intramural hematoma of duodenum or proximal jejenum; intestinal perforation; ruptured liver or spleen; ruptured blood vessels, kidney or bladder injury; pancreatic injury.

CENTRAL NERVOUS SYSTEM INJURIES:
Subdural hematoma (caused by blunt instrument or violent shaking); retinal hemorrhage; subarachnoid hemorrhage (violent shaking).

SIGNS OF PHYSICAL NEGLECT:
Malnutrition, repeated episodes of pica, constant fatigue or listlessness, poor hygiene, inadequate clothing for circumstances; Medical Neglect: Lack of care for chronic conditions, absence of necessary immunizations, medications, dental care, eyeglasses, hearing aids, etc.

SIGNS OF SEXUAL ABUSE:
Difficulty in walking or sitting, thickening and/or hyper pigmentation of labial skin, horizontal diameter of vaginal opening that exceeds 4mm in prepubescent girls; torn, stained or bloody underclothing; bruises or bleeding of genitalia, perineum, or perianal area; vaginal discharge or pruritis; recurrent urinary tract infection; gonococcal infection, syphilis, genital herpes, trichomonas, chlamydial infection, lymphogranuloma venerum, nonspecific vaginitis, candidiasis, pregnancy, seminal fluid on body or clothing; sperm in the urine of a female child.
SECTION III

SUSPECTED CHILD ABUSE/NEGLECT EVALUATION PROTOCOL

1. OBTAIN HISTORY
   a. Does the injury have an adequate explanation? Where and when did the injury occur and who was present?
   b. Could injury be the result of inadequate/inappropriate supervision?
   c. Is there a history of previous injury or injuries?
   d. Was there unusual delay in seeking treatment?
   e. Is there a past medical history of prematurity, failure to thrive, or failure to receive adequate medical care, e.g. immunizations?
   f. Has the child been in care of other than the parents, e.g. relative, foster care, institution. Is parent present?
   g. Does the parent have adequate knowledge of the child? Can she/he give an adequate past history?
   h. Is there any indication or suspicion that the child has been molested by a zero positive HIV infected adolescent or adult?

2. FAMILY OBSERVATION
   THE CHILD:
   a. Is the child comfortable in presence of parent(s)?
   b. Is child unusually fearful, withdrawn, hyperactive, aggressive, destructive?

   THE PARENT:
   a. Does the parent appear rational, coherent and appropriately concerned and supportive of child?
   b. Does the parent appear to be misusing drugs or alcohol?
   c. Does the parent have realistic view of severity of child’s injury or illness?
   d. Does the parent have realistic expectation of child’s behavior, development personality?

3. PHYSICAL EXAMINATION SHOWS EVIDENCE OF:
   a. Overall poor care
   b. Dehydration-malnutrition
   c. Repeated injury or injuries
   d. Variety of injuries (bone, skin)
   e. Sexual abuse
   f. Unusual physical findings, indication of past injuries i.e., scars, burns
   g. Characteristics pathognomonic findings – bite marks, strap marks, cigarette burns

4. DIFFERENTIAL DIAGNOSIS:
   a. True accident
   b. Bleeding disorder
   c. Skin infection – bullous impetigo, ringworm
   d. Sudden Infant Death Syndrome
   e. Bone disease – osteogenesis imperfecta, Caffey’s disease
f. Congenital infection – syphilis

g. Physical cause, failure to thrive

5. THE FOLLOWING STUDIES MAY PROVIDE USEFUL DOCUMENTATION:
   a. Blood and urine analysis
   b. Platelets, coagulogram
   c. Skeletal survey for trauma
   d. Calcium – Phosphorous
   e. GC cultures/VDRL
   f. Formal development evaluation

6. Record all findings in detail. Drawings are helpful and save time. (A section on CY-47
   Reporting Form provides for this.) Hospital records will be helpful to physicians if future
   court hearings ensues. Sign name followed by M.D./D.O. and print name beneath.

7. CONSULTS:
   a. Medical, consult with the child’s pediatrician, primary care physician
   b. Social Work Department

8. CY-47’s – the Pennsylvania form for reporting suspected abuse or neglect, are available in
   the Emergency Room or Outpatient Department, or in the Social Service Department.
   a. Fill out as directed on reverse side of form.
   b. Call ChildLine, 1-800-932-0313, to make immediate verbal report.
   c. Call County Child Protective Services as well. (610-278-5800)
   d. Note on CY-47 that ChildLine was called, that County Child Protective Services was called,
      also name of County Intake Worker.
   e. If Hospital Social Work Department is not already involved, inform Social Work
      Department or social worker on call.

9. If there is no medical need for admission, and if it is the joint judgment of doctor
and social worker that the child will be safe at home, the child can be released with
return to clinic appointment for the following weekday. Such a decision should include
calling the Montgomery County Office of Children and Youth (OCY) for consultation and to
have OCY staff check with ChildLine staff regarding any previous substantiated reports or
record in Pennsylvania.

10. ADMIT – when necessary to protect or meet the child’s medical needs.

11. In cases where there is no medical necessity for admission and it is clear that
the child will be put in further jeopardy by being returned home, the two most
common outcomes are:

   a. Montgomery County Office of Children and Youth (OCY) will be asked by the social
      worker to become immediately involved. OCY will establish a plan that will ensure the
      child’s safety.
b. If the Juvenile Unit of the police department has already been or becomes involved they may take “emergency custody” under the law and coordinate service with OCY. If parents resist admission, and admission is indicated, call police in your local jurisdiction. Request Restraining Order to keep child in hospital for treatment and protection. If asked, stress the nature of the “risk” in sending child home and inform police that they may consult with the local Child Protective Service Unit staff.
Protocol Checklist for Child Abuse and Neglect

☐ Take separate histories from caregiver and child with witness present.

☐ Complete physical assessment with witness present.

☐ Keep detailed records.

☐ Collect data as indicated (X-rays, labs).

☐ Decide if there is reasonable cause to suspect abuse/neglect.

☐ If yes, call ChildLine (1-800-932-0313). Call police if immediate danger.

☐ Inform the family of report to Children and Youth, if appropriate.

☐ Provide anticipatory guidance and community referrals.

☐ Call the County Children and Youth agency.

☐ Send in Form CY 47 within 48 hours.

☐ Stay involved
SECTION IV

PENNSYLVANIA’S CHILD ABUSE LEGISLATION

The purpose of the Child Protective Service Law is to encourage more complete reporting of suspected child abuse and to establish a child protective service in each county child welfare agency that is capable of swiftly and competently investigating such reports. The Law also requires that the County Child Protective Service provide protection to children from further abuse, rehabilitation services for children and parents, and that family life be preserved and stabilized whenever possible. Child Protective Services are provided by the Montgomery County Office of Children and Youth (OCY).

The law, among other things established the following:

- A broader category of persons required to report suspected child abuse.
- A 24-hour, Statewide toll-free telephone hotline, known as ChildLine, for receiving reports of suspected child abuse (1-800-932-0313) and monitoring the investigating of reports.
- Rules for the taking of protective custody, including the taking of protective custody by a physician or director of a hospital or other medical institution for up to 24 hours without a court order provided custody is immediately necessary to protect the child from further serious mental injury, serious physical injury, sexual abuse or serious physical neglect. Custody beyond a 24-hour period must be court order obtained through the Child Protective Services.
- Modification of the rules of evidence in Juvenile Court to allow unexplained or inconsistently explained injuries to a child to be prima facie evidence of child abuse thus shifting the burden of proof to the alleged perpetrator(s).

WHO IS REQUIRED TO REPORT

Persons who, in the course of their employment, occupation or practice of their profession, come into contact with children shall report or cause a report to be made in accordance with section 6313 (relating to reporting procedure) when they have reasonable cause to suspect on the basis of their medical, professional or other training and experience, that a child coming before them in their professional or official capacity is an abused child. Persons who are required to report and are a member of the staff of a medical or public or private institution, school, facility, or agency shall, according to the Act:
REPORTING BY SCHOOL, MEDICAL FACILITY OR AGENCY

“Immediately notify the person in charge of the institution, school, or facility or agency, or the designated agent, of the person in charge. Upon notification, the person in charge or the designated agent, if any, shall assume the responsibility and have the legal obligation to report or cause a report to be made in accordance with Section 6313. Nothing in this Act is intended to require more than one report from any such institution, facility, school or agency.”

Persons who are required to report are immune from liability as provided in Section 6318 of the Act as follows:

§6318. Immunity from liability.

(a) General rule. – A person, hospital, institution, school, facility, agency or agency employee that participates in good faith in the making of a report, cooperating with an investigation, testifying in a proceeding arising out of an instance of suspected child abuse, the taking of photographs or the removal or keeping of a child pursuant to Section 6315 (relating to taking child into protective custody), and any official or employee of a county agency who refers a report of suspected abuse to law enforcement authorities or provides services under this chapter, shall have immunity from civil and criminal liability that might otherwise result by reason of those actions.

(b) Presumption of good faith. – For the purpose of a civil or criminal proceeding, the good faith of a person required to report pursuant to section 6311 (relating to persons required to report suspected child abuse) and of person required to make a referral to law enforcement officers under this chapter shall be presumed.

Persons who are required to report and fail to do so are subject to the penalty provision of Section 6319 of the Act as follows:

PENALTY FOR FAILURE TO REPORT

“Penalties for Failure to Report – Any person or official required by this Act to report a case of suspected child abuse who willfully fails to do so commits a summary offense, except that for a second or subsequent offense commits a misdemeanor of the third degree.”

The names of persons required to report or any person who cooperated in a subsequent investigation are held confidential and may only be released if the Secretary of Public Welfare finds such disclosure would not be detrimental to the safety of the person reporting.

HOW AND WHAT TO REPORT

When a person required to report knows of or suspects that a child coming before him/her is an abused child as defined by the Act, he/she shall do the following:

1. Immediately call ChildLine on the toll-free telephone number, 1-800-932-0313, and provide as much of the following information as possible.

Section 6 (c) Written reports shall include the following information if available: the
names and addresses of the child and his parents or other person responsible for his
care, if known; the county in which the suspected abuse occurred; the child’s age and
sex; the nature and extent of the suspected child abuse; including any evidence of prior
abuse to the child or his siblings; the reasons for suspecting child abuse; the names of
the person or persons responsible for causing the suspected abuse, if known; the
relationship of the alleged perpetrator to the child; family composition; the source of the
report; the person making the report and where he can be reached; any statement of
the child’s parents regarding the suspected abuse and any statement or admission of
abuse by the alleged perpetrator; the actions taken by the reporting source, including the
taking of photographs and x-rays, removal or keeping of the child or notifying the
medical examiner or coroner; the hospitalization of the child, and any other information
which the Department may, by regulation, require.

Oral reports should also be made to the County Child Protective Services. Such reports must be in
addition to the initial report to ChildLine. If a physician takes 24-hour custody as defined in Section 8 of
the attached Act, the County Child Protective Services must be informed of this action.

2. Provide a written report on form CY-47, Report of Suspected Child Abuse, to the county
Protective Service within 48 hours after the oral report to ChildLine.
Additional procedures that may be followed in making a report are stated in Section 7 of
the Act as follows:
“Obligations of a person to report, - Any person or official required to report cases of suspected
child abuse may take or cause to be taken photographs of the areas of trauma visible on a child who is
subject to a report and, if clinically indicated, cause to be performed a radiological examination and other
medical tests on the child. Medical summaries or reports of the photographs, x-rays and relevant medical
tests taken shall be sent to the County Agency at the time the written report is sent, or as soon thereafter as
possible. The County agency shall have access to the actual photographs or duplicates and x-rays and
may obtain them or duplicates of them upon request.”

WHAT HAPPENS TO THE REPORT
Each County Child Protective Service is required to receive and commence investigation of all suspected
child abuse on a 24 hour, 7-day a week basis. An investigation must begin within 24 hours after receiving
the report from ChildLine. The investigation must include:
1. Determination of the risk to the child if he/she remain in his/her existing home environment
2. Determination of the nature, extent and cause of any condition presented in the report
3. Notification to the subjects of the report in writing of the existence of the report and their
rights under the Act

The investigation must be completed and the resulting determination reported to the ChildLine within 30
days. If the investigation determines that the report is “unfounded,” it would be expunged from the
County Child Protective Services Records and Department of Public Welfare Records. If the
investigation substantiates the report (founded or indicated) the report will be entered in the Statewide
Central Register.

In addition to the investigatory responsibilities, each County Child Protective Service is mandated to
initiate protective custody if needed and provide the rehabilitative social services already listed.
SECTION V

SOCIAL SERVICE DEPARTMENT


OBJECTIVES

In cases of alleged and/or suspected child abuse and neglect:
1. Identify those children seen in the hospital setting who are known or suspected to have been abused or neglected.
2. Provide adequate medical care for the injuries sustained.
3. Carry out the legal obligations of reporting.
4. Collect data in a comprehensive manner so that it will be adequate to document diagnosis of child abuse.
5. Remain therapeutic and helpful to the child as well as the parents or caretakers of the abused or neglected child. Ensure privacy and confidentiality.

PROCEDURE

1. All cases of suspected child abuse will be reported by the attending physician, or other personnel as designated by the hospital administrator. It is recommended that the Social Service staff of the hospital be involved in the reporting process and management of such cases from the onset, whenever possible.

2. All hospital staff need to be knowledgeable that the Child Protective Services Law states:
   (a) An oral report must be made to ChildLine 1-800-932-0313 (24 hour service)
   (b) An oral report should be made to Office of Children and Youth 610-278-5800
   (c) A written report (CY-47) must be mailed to the County Office of Children and Youth (OCY) where the abuse occurred within 48 hours of reporting to ChildLine.
   (d) The child may be taken into protective custody by a hospital director, director of another medical facility, or examining physician, if such protective custody is necessary to protect the child from further serious physical injury, sexual abuse, or serious physical neglect.
   (e) A local OCY worker may call ChildLine on behalf of a physician at anytime to determine previous substantiated abuse to the child.

3. A report to ChildLine on the toll-free telephone number 1-800-932-0313 should include as much of the following information as possible:
   (a) The names and addresses of the child and the parents or other persons responsible for his care
   (b) The county in which the suspected abuse occurred
   (c) The child’s age and sex
   (d) The nature and extent of the suspected child abuse, including evidence of prior abuse to the child or a sibling
   (e) The reasons for suspecting child abuse
   (f) The name of the alleged perpetrator of the suspected abuse
   (g) The relationship of the alleged perpetrator to the child
   (h) The family household composition
(i) The source of the report
(j) The person making the report and where the person can be reached
(k) Any statement of the child’s parents regarding the suspected abuse and any statement
   or admission of abuse by the alleged perpetrator
(l) The actions taken by the hospital staff, including:
   1. The taking of photographs and x-rays
   2. The taking of protective custody
   3. The hospitalization of the child
   4. Notification to the coroner, if indicated

4. Social Service staff will proceed with child/parent interview and make report to ChildLine
   1-800-932-0313; Form CY47 must be completed within 48 hours and forwarded to the
   Child Protective Services in the county where the suspected abuse occurred. (see front
   cover for address) Instructions for completion of Form CY 47 are on the back of the form.
   (a) ChildLine will refer the case to the county agency where abuse is alleged to have
       occurred. That agency will contact the reporter of the incident to obtain any further
       necessary information and work jointly to ensure a plan of safety for the child. Reporters
       are encouraged to also contact the Office of Children and Youth directly.
   (b) Hospital personnel involved in the assessment must be available for consultation with
       the Office of Children and Youth staff. Montgomery County Office of Children and
       Youth will respond immediately by telephone to the report from ChildLine and are
       available after hours by calling the Montgomery County Police Radio at (610) 275-
       1222.

5. If a child is taken into custody by hospital staff, the Office of Children and Youth MUST BE
   NOTIFIED IMMEDIATELY. The child can be held if protective custody is necessary to
   protect the child from further serious physical injury, sexual abuse or serious physical
   neglect for 24 hours while OCY investigates. The Office of Children and Youth is mandated
   to see any child in protective custody immediately. The child may be held longer
   (72 hours) only if Children and Youth obtain a court order.

6. When a child is taken into protective custody by a physician or hospital director, the child’s
   parent or guardian must be notified immediately by the person taking custody. The
   notification must be in writing within 24 hours and include the child’s whereabouts, the
   reason the child has been placed in protective custody, and the telephone number of the
   local Children and Youth Agency.

7. Hospital Social Service Department Staff should make a social assessment of family
   members when there is medical suspicion or knowledge that child abuse occurred and
   mandated state reporting (form CY-47) is decided upon or being considered by appropriate
   hospital staff. The following guideline is suggested:
      (a) Review the entire hospital chart.
      (b) Discuss the basis of suspicion and concern with a physician or nurse who is making
          the report.
      (c) Whenever possible, interview the child and the parent or caretaker. An in-depth
          interview will be carried out by the caseworker from the Office of Children and
Youth Agency. Close collaboration between OCY staff and hospital staff is necessary in all reportable cases and especially in cases where police investigation is imminent. OCY is required to report homicide, sexual abuse or exploitation, serious bodily injury and child abuse perpetrated by non-family members to law enforcement officials.

(d) Assessment Criteria Guide. Consider as many of the following factors as possible.
   1. Parent/guardian/caretaker’s perception of child.
   2. Parent/guardian/caretaker’s perception of medical condition and what occurred.
   3. Child’s perception of medical condition, family situation, and what occurred. Is child fearful of parent(s) or caretaker(s)?
   4. Initial history as presented by parent/guardian/caretaker, i.e. is the injury with or without explanation? Is the explanation consistent with the injury? Does the parent/guardian/caretaker accept responsibility for the incident? Is there inconsistent explanation?
   5. Family’s willingness to accept social service intervention.
   6. Assessment of family functioning (as many as possible):
      a. educational level of parent/guardian/caretaker
      b. occupation to include present employment, if any
      c. family constellation and other household members
      d. family conflict(s) present
      e. spouse and extended family; social and emotional supports
      f. flexible or rigid family structure
      g. cultural considerations
      h. child(ren) school settings
      i. usual methods of problem solving
      j. decision making pattern
      k. developmental milestones
      l. history of medical compliance
   7. Assessment of interactions of parent, child, and each other.
   8. Assessment of family supports
      a. health care
      b. finances
      c. employment
      d. housing
      e. child care
      f. extended family/friends/neighbors

8. Document interview in concise, descriptive, and factual manner.
   (a) The above information should be available to the OCY worker who will continue investigative process.
   (b) According to the Child Protective Services Law all medical information must be made available to the agency, upon request.
   (c) Medical personnel may be subpoenaed for court action.
   (d) It is desirable to forward any of the above information with the reporting form (CY-47) to OCY.
9. Follow-up
   (a) Documentation should include where, when, and with whom medical follow-up
       will occur including social service’s plan for future contact with family.
   (b) Documentation should include any referrals made by social services to community
       agencies or other resources.

10. The client, from the social worker’s point of view is the child and parent. The child needs
    protection. The parent needs support and encouragement to recognize the problem and
    seek help. Social Service staff should inform the parent of agencies available to provide
    support and help to the family.

11. The social service department, as the experts, should take the initiative in developing a
    continuing educational program for hospital staff. This effort can be coordinated with the
    Montgomery County Office of Children and Youth and the Multi-Disciplinary Team (MDT).