



TO REPORT SUSPECTED
CHILD ABUSE, NEGLECT OR
DEPENDENCY

CALL

1-877-597-2331
24-HOUR HOTLINE

REPORTING CHILD ABUSE AND NEGLECT

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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. We believe that we have such an environment here in Kentucky.

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 help you decide when an abused or neglected child needs special protection and what to do about it. As a person who works with children, you are in a key position to be aware of maltreated children. Accordingly, the law places certain responsibilities on you. This booklet will discuss:

1. Definitions of child abuse, neglect and dependency;
2. Kentucky laws addressing these problems;
3. Procedures for making a report;
4. A brief explanation of what happens when a report is made;
5. 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 will 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 tells us 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 tell us that we 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(11).

THE ADOPTION AND SAFE FAMILIES ACT

The Adoption and Safe Families Act 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 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 his parent, guardian, or other person exercising custodial control or supervision of the child:
 - (a) Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;
 - (b) 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;
 - (c) 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(12);
 - (d) Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
 - (e) Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
 - (f) Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon a child;
 - (g) Abandons or exploits the child;
 - (h) Does not provide the child with adequate care, supervision, food, clothing, shelter, 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; or

- (i) 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;

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 for the Department for Community Based Services to investigate, the person who is the perpetrator of abuse or neglect must be the parent or guardian or have some type of supervisory responsibility for the child. This can include a babysitter, school teacher or day care center personnel, for example. In order to intervene in the lives of families there must be a legal basis for such intervention. That basis is will be discussed below.

WHEN TO REPORT

When you have reason to believe a child is being abused, neglected or is dependent, call the child protection hotline at 1-877-597-2331 or your county Department for Community Based Services. If in doubt, we would prefer that you call and talk over what has come to your attention. We will help you sort things out, such as whether a specific incident must be reported and to whom.

If you feel the child is in imminent danger or is in need of immediate protection, call 911 or your 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. The Department for Community Based Services 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, the Department attempts to be responsive and find appropriate services. Some criteria for refusing reports are:

1. 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) A child who is improperly dressed, but the clothing deficiency does not result in harm to the child;
- (b) A child who is provided nutritious food irregularly or insufficiently, but the health of the child is not impaired;
- (c) Hygiene, that although not optimal, does not adversely affect the well-being of the child;
- (d) Life-style issues, such as single parent who has several boy/girl friends with no allegations of abuse or neglect to the child;
- (e) 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;
- (f) Corporal punishment appropriate to the age of the child, without injuries, marks, bruises, or substantial risk of harm; or
- (g) Reports that have insufficient information to locate the child.

WHERE TO REPORT

Reports of suspected child abuse or neglect may be made to a local police department, prosecutors or the Department for Community Based Services.

To report child abuse and neglect committed by a parent, guardian, or person exercising custodial control or supervision of a child, contact the Department for Community Based Services at the toll-free child abuse hotline: (877) 597-2331. Calls will also be taken at the local county office (listing of office phone numbers is included in the appendix).

RESOURCE LINKAGE NETWORK

Sometimes a concerned individual such as you will contact a local Protection and Permanency office 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 doesn't meet criteria the SSW can refer the family or the caller to needed resources.

Reports of 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 your local police department or prosecutors. When the Department for Community Based Services receives this type of report, it will be referred to the local police department.

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(2) further states:

Neither the husband-wife nor any professional-client or 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 proceedings in district or circuit court regarding a dependent, neglected or abused child.

In other words, only attorneys who gather information from their clients and clergymen who in their capacity as a spiritual advisor who gather information privately from a penitent are 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 KRS 620.030 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.

The law states that the failure to report or falsely reporting 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 THE DEPARTMENT FOR COMMUNITY BASED SERVICES

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

1. Respond promptly to reports of alleged neglect, abuse or exploitation of children to determine the validity of the report;
2. Assess the damage to children resulting from neglect, abuse or dependency;
3. Evaluate the risk of further harm to the child while in the home and whether the child should remain in the home while rehabilitative services are provided;
4. Determine and identify the family problem(s) which contributed to or resulted in neglect or abuse;
5. Evaluate the potential for treatment to correct conditions and rehabilitate the family;
6. Plan a course of treatment calculated to stabilize and rehabilitate the family through services of the Department for Community Based Services and the use of other appropriate community resources to meet special needs of the child(ren) and parents;
7. Initiate the treatment plan and stimulate involvement of services from community resources to meet identified special needs; and
8. Invoke the authority of the Juvenile Code in situations where treatment potential is minimal and where there is risk if the child remains at home.

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

WHAT THE DEPARTMENT FOR COMMUNITY BASED SERVICES NEEDS TO KNOW

When you call, we will need information that will allow us to identify the family, evaluate the problem and respond quickly and appropriately. We need to know what happened to the child and when. How do you view this situation and what firsthand knowledge do you have? Where is the child, and are you concerned about the child's safety now? We also need the names and addresses of the parents or caretakers. Let us know if you have been involved with the family, or if you have made attempts to work with them on the problem. It is helpful if you can tell us how the parents responded 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.

This is the essential information we need from you:

1. The Child's Identity;
2. Any person believed to be responsible for the abuse or neglect to the child if the person is known;
3. The nature and extent of the abuse or neglect;
4. The name and address of the reporter, if he or she so chooses; and
5. Where the child can be found.

WHAT TO EXPECT AFTER MAKING A REPORT

Due to the nature of reports, the first step taken by the Department for Community Based Services is to determine whether the referral meets the criteria for abuse, neglect, or dependency. An investigation is conducted as soon as possible on all cases, but in cases where the child may be in imminent danger, a worker will investigate 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 by the Department for Community Based Services 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, is 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 our goal to reunite the family members under better circumstances. When it is possible, we have the children stay 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. We want to help strengthen their family life 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.

CPS MULTIPLE RESPONSE APPROACH

Legislation passed by the 2000 General Assembly permits the Department for Community Based Services to adopt a differentiated or multiple response to reports of child abuse or neglect. Reports, which indicate a low level of risk of harm to a child, will be accepted as "Assessments" and reports, which indicate a moderate or high level of risk of harm, will be accepted as "Investigations". There is no change in the time frames within which the department must respond. In physical abuse cases, contact must be made within 24 hours and with neglect cases, within 48 hours.

The focus on the Assessment Track will not be on determining whether or not a specific incident of abuse or neglect occurred, but rather on determining the family's needs and ways the Department or other community resources can assist that family. No finding of abuse or neglect will be made on these cases. Rather, a family will be determined to be " In Need of Services" or "Not in Need of Services". However, if circumstances are discovered after an Assessment has begun which indicate a moderate risk or high level of risk of harm to a child, the report will be upgraded to an Investigation and may result in a finding of abuse or neglect.

Advantages of Multiple Response approach include the agency's ability to present and provide services in a non-threatening manner and an increased emphasis on partnering with community agencies early in the intervention with the family. Kentucky's Multiple Response system is patterned after approaches adopted in Missouri and Virginia.

Once a referral is received and determined to meet criteria, it will be accepted as either a FINSA or an investigation.

Each family's circumstances are different and how cases are handled will vary. However, the Department's first and foremost concern is always the safety and protection of children. Usually, if a 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 our goal to reunite the family members under safer circumstances.

Services are provided both to help parents alleviate problems which may have been causing maltreatment of their children, and to increase parenting knowledge and skills.

KINSHIP CARE

Kinship Care is a program offered through the Cabinet for Health and Family Services, Department for Community Based Services, to provide a more permanent placement with a qualified relative for a child who otherwise would be placed in foster care. Kinship Care allows

financial payments to assist these relatives who are willing to assume permanent custody of children.

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 statute:

- (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 620.060(1).

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 is returned to the persons having custody of him, the physician or hospital administrator may hold a 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 WE TELL YOU ABOUT THE CASE

State law prohibits the Cabinet for Health and Family Services from disclosing any confidential information about a case unless you are a person with a legitimate interest in receiving the information (as specified in KRS 620.050.)

CONFIDENTIALITY

The name of the person making a report is confidential with the exceptions outlined in KRS 620.050(11).

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 made pursuant to this chapter, 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 non-custodial 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; or
- (h) Those persons so authorized by court order.

KRS 620.050(7) states:

Nothing ... 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.

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.

NEGLECT

Neglect is inadequate or dangerous child-rearing practices. 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:

- 1. Lack of proper supervision
- 2. Failure to see that child attends school
- 3. Denial of necessities of life, e.g., food, water, clothing
- 4. Denial of medical treatment
- 5. Abandonment, malnutrition, failure to thrive

INDICATORS:

Physical

- 1. Abandonment

2. Lack of adequate supervision
3. Lack of good hygiene
4. Lack of necessary medical or dental care
5. Lack of adequate nutrition
6. Lack of safe, warm, sanitary shelter

Behavioral

1. Failure to thrive among infants
2. Falling asleep in school
3. Poor school attendance
4. Chronic hunger or fatigue
5. Begging or stealing food from other children
6. Parental abuse of drugs or alcohol
7. Engaging in sexual conduct

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:

1. Hitting, kicking, biting
2. Harmful restraint (choking)
3. Beating (repeated blows)
4. Use of weapon or instrument
5. Action resulting in substantial pain

INDICATORS:

Physical

1. Bruises on the body, in unusual patterns, in various stages of healing, or on an infant
2. Burns - immersion, cigarette, rope, dry (caused by an iron or other electrical appliances)
3. Lacerations and Abrasions - on lips, eye, any portion of an infant's face, on gum tissues (from forced feeding), on external genitals
4. Missing or loosened teeth
5. Broken bones
6. Head injuries - absence of hair, excessive vomiting, bruising beneath scalp, subdural hematoma, retinal hemorrhage, and nasal or jaw fracture
7. Internal injuries – duodenal hematoma, jejunal hematoma, rupture of inferior vena cava, peritonitis (resulting from hitting or kicking)
8. 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

1. Overly compliant to avoid confrontation
2. Lacking in curiosity

3. Fearful of physical contact
4. Excessively self-controlled
5. Enjoys little or nothing
6. 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:

1. Timid, easily frightened
2. Psychosomatic complaints, such as enuresis and vomiting
3. Craves affection
4. Experiences language delay
5. Has difficulty with school in spite of normal ability (energy is misdirected)
6. Shows indiscriminate attachment to strangers
7. 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:

1. Hurts other children
2. May try to "make happen" what he/she expects in order to gain feeling of control
3. Shows extreme aggressiveness
4. Has rageful temper tantrums
5. Developmentally delayed

Environmental

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

CHARACTERISTICS OF ABUSIVE PARENTS

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

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:

1. Genital exposure
2. Fondling
3. Masturbation of child victim
4. Oral sex
5. Penetration of vagina or anus

INDICATORS:

Physical

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

Behavioral

1. Poor peer relationships
2. Regression
3. Sexualization
4. Knowledge of sexual behaviors inconsistent with child's developmental level
5. Aggressiveness or delinquency
6. Prostitution
7. Truancy from home
8. Drug usage
9. Seductive behavior
10. Reluctance to participate in recreational activity
11. 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:

1. Withdrawal of love
2. Ignoring
3. Name calling
4. Ridiculing
5. Threats
6. Isolating
7. Scapegoating
8. Cruel or bizarre punishment
9. Terrorization
10. Total rejection

DEPENDENCY

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

EXAMPLE:

The parent is physically or mentally ill or injured

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.

DEPARTMENT FOR COMMUNITY BASED SERVICES SHALL RECEIVE AGENCY RECORDS

The law states that the Department for Community Based Services, 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(3) 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 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. 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 Services Worker conducting the investigation. The Department for Community Based Services 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 the Department for Community Based Services, 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 eighteenth birthday unless otherwise provided;
- (24) "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 age, development, culture, and environment as testified to by a qualified mental health professional;
- (42) "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;
- (44) "Physical injury" means substantial physical pain or any impairment of physical conditions;
- (47) "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 facility licensed by the Commonwealth or a psychiatric unit of a general hospital or 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.
- (54) "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;
- (55) "Sexual abuse" includes, but is not necessarily limited to, any contacts or interactions in which the parent, guardian, or other person having custodial control or supervision of the child or responsibility for his 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;
- (56) "Sexual exploitation" includes, but is not limited to, a situation in which a parent, guardian, or other person having custodial control or supervision of a child or responsible for his welfare, allows, permits, or encourages the child to engage in an act which constitutes prostitution under Kentucky law; or a parent, guardian, or other person having custodial control or supervision of a child or responsible for his 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

We hope this booklet is helpful to you 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 in your community 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.ky.gov>. For further information about child abuse, neglect or dependency, call your local county office. Numbers for all county offices are listed on page 20.

DEPARTMENT FOR COMMUNITY BASED SERVICES COUNTY OFFICES

Division of Protection and Permanency

Revised 10/12/10

- 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) 756-2195
- 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
- Corbin (606) 528-4234
- Crittenden (270) 965-5246
- Cumberland (270) 864-3834
- Daviess (270) 687-7491
- Edmonson (270) 597-2163
- Elliott (606) 738-5167
- Estill (606) 723-5146
- Fayette (859) 245-5414 (CPS)
(859-245-7136 (APS)
(859) 245-5258 (L.O.)
- Fleming (606) 845-2381
- Floyd (606) 889-1724
- Franklin (502) 564-5390
- Fulton (270) 472-1850
- Gallatin (859) 567-7381
- Garrard (859) 792-2186
- Grant (859) 824-4471
- Graves (270) 247-4711
- Grayson (270) 259-3184
- Green (270) 932-7484
- Greenup (606) 473-7366
- Hancock (270) 927-8142
- Hardin (270) 766-5099
- Harlan (606) 573-4620
(606) 573-6334
- 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) 788-7100
- Kenton (859) 292-6340
- Knott (606) 785-3106
- Knox (606) 546-5154
- Larue (270) 358-4175
- Laurel (606) 330-2010
- 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) 575-7110
- McCreary (606) 376-5365
- McLean (270) 273-3599
- Madison (859) 623-1204
- 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) 784-4178
- Russell (270) 343-3512
- Scott (502) 863-0565
- Shelby (502) 633-1892
- Simpson (270) 586-8266
- Spencer (502) 477-8808
- 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 (270) 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

Centralized Intake Hotline for all counties

OR

YOUR LOCAL DEPARTMENT FOR COMMUNITY BASED SERVICES OFFICE

IF A CHILD IS IN IMMEDIATE DANGER, CALL THE POLICE

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 1-800-372-2973 (V/TDD) or (502) 564-5497

This handbook is also available on-line at http://cfc.ky.gov/dcbs_manuals/DPP/index_dpp.asp