

1028

PROTECTIVE SERVICES FOR CHILDREN

1028.05

PROTECTIVE SERVICES

REV:03/1985

The procedures described herein were developed in accordance with applicable Rhode Island State Law and official Department of Human Services (DHS) policy for the provision of protective services to children. Procedures for the following situations are provided:

- * Community neglect or abuse complaints received by DHS personnel.
- * Potential neglect or abuse situations discovered by DHS personnel.

1028.05.05

R.I.General Laws on Child Abuse and Neglect

REV:08/2006

In accordance with the following provisions of Rhode Island State Law, in the event of actual or suspected cases of child neglect or abuse, DHS personnel are required to determine the following:

RIGL 40-11-3. Duty to Report - Deprivation of Nutrition or Medical Treatment

Any person who has reasonable cause to know or suspect that any child has been neglected or abused as defined herein, shall, within twenty-four (24) hours, transfer such information to the Department of Children, Youth and Families (DCYF), or its agent, who shall cause the report to be investigated immediately. As a result of such reports and referrals, protective social services shall be made available to such children in an effort to safeguard and enhance the welfare of such children and to provide a means to prevent further neglect or abuse. The said DCYF shall establish and implement a single, statewide, toll-free telephone known to operate twenty-four (24) hours per day, seven (7) days per week, for the receipt of reports concerning child neglect or abuse, which reports shall be electronically recorded and placed in the central registry established by Section 42-72-7. Such electronically recorded records, properly indexed by date and other essential identifying data, shall be maintained for a minimum of three (3) years. The DCYF shall establish rules and regulations requiring hospitals, health-care centers, emergency rooms and other appropriate health facilities to report, on a quarterly basis, information concerning the number of children treated for specific injuries and the number of cases reported by these institutions as suspected child abuse.

Such reporting shall include immediate notification to the DCYF of any instance where parents of an infant has requested deprivation of nutrition that is necessary to sustain life and/or who have requested deprivation of medical or surgical intervention that is necessary to remedy or ameliorate a life-threatening medical condition, if the nutrition or medical or surgical intervention is generally provided to similar nutritional, medical or surgical-conditioned infants, handicapped or non-handicapped.

Nothing in this section shall be interpreted to prevent a child's parents and physician from discontinuing the use of life-support systems or non-palliative

treatment for a child who is terminally ill where, in the opinion of the child's physician exercising competent medical judgment, the child has no reasonable chance of recovery from said terminal illness despite every appropriate medical treatment to correct such condition.

RIGL 40-11-3.1 Duty to Report Death or Child Due to Child Neglect or Abuse Any person required to report under the provisions of this title, who has reasonable cause to know or suspect that a child has died as a result of child neglect or abuse, shall immediately transfer such information to the DCYF or its agent who shall cause such report to be investigated immediately. Upon receipt of such a report, the DCYF or its agent shall immediately transfer such information to the local law enforcement agency or the state police as well as to the office of the medical examiner. The office of the medical examiner shall investigate the report and communicate its preliminary findings, orally within seventy-two (72) hours, and in writing within seven (7) working days to the appropriate law enforcement agency, to the DCYF and if the person who made such report is an employee or a member of the staff of a hospital, to the hospital. The office of the medical examiner shall also communicate its final findings and conclusions, with the basis therefore, to the same parties within sixty (60) days.

RIGL 40-11-4 Immunity from Liability

Any person participating in good faith in making a report pursuant to this chapter 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 proceedings resulting from such report.

RIGL 40-11-6.1 Penalty for Failure to Report

Any person, official, physician or institution required by this chapter to report known or suspected child neglect or abuse, or to perform any other act who knowingly fails to do so or who shall be guilty of a misdemeanor and upon conviction thereof shall be subject to a fine of not more than five hundred (\$500) dollars or imprisonment for not more than one (1) year, or both.

In addition, any person, official, physician or institution who knowingly fails to perform any act required by this chapter, or who knowingly prevents another person from performing a required act shall be civilly liable for the damages proximately caused by such failure.

1028.10 POSSIBLE INDICATIONS OF CHILD NEGLECT/ABUSE

REV:03/1985

There are many indications that family may be in trouble. Any one of them may not mean anything or may have other explanations. However, if there are a number of them, or if they occur frequently, child neglect or abuse may be suspected. The material presented under this topic is organized into four broad areas: physical abuse, emotional abuse sexual abuse and neglect.

1028.10.05 Physical Abuse

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The potential indicators of physical abuse discussed in this section are organized into categories relating to the child's appearance, the child's behavior, and the parent's or caretaker's behavior.

Child's Appearance

- * Unusual and/or unexplained bruises, welts, burns, fractures, or bite marks.
- * Frequent injuries, always explained as "accidental".
- * Injuries which do not coincide with the explanation given.

Child's Behavior

- * Reports injury by parents.
- * Unpleasant, hard to get along with, demanding, often does not obey.
- * Frequently breaks or damages things.
- * Alternatively is unusually shy, avoids other people including children; seems too anxious to please; seems too ready to let other people say and do things to him/her without protest.
- * Frequently late or absent, or often comes to school much too early; hangs around after school is dismissed.
- * Avoids physical contact with others.
- * Wears long sleeves or other concealing clothing to hide injuries.
- * Child's story of how a physical injury occurred is not believable; it does not seem to fit the type or seriousness of the injury observed.
- * Child seems frightened of parents, or shows little or no distress at being separated from parents.
- * Child is apt to seek affection from any adult.

Parent's or Caretaker's Behavior

- * Uses harsh or inappropriate discipline which does not seem right for the age, condition or "offense" of the child.
- * Offers an explanation of child's injury that does not make sense, does not fit the injury, or offers no explanation at all.
- * Seems unconcerned about the child.
- * Views the child in a negative way - as always bad or evil.
- * Misuses alcohol or other drugs.

- * Attempts to conceal child's injury or to protect identity of person responsible.

1028.10.10 Emotional Abuse

REV:03/1985

The potential indicators of emotional abuse discussed in this section are organized into categories relating to the child's appearance, the child's behavior and the parent's or caretaker's behavior.

Child's Appearance

- * Signs may be less obvious than in other forms of mistreatment. Behavior is the best indication.

Child's Behavior

- * Self-destruction, apathetic, depressed, withdrawn, passive. Shows lack of positive self-image.
- * Problems in school - either experiencing academic failures, developmental delays or appears hyperactive, "driven."
- * Seems overly anxious when faced with new situations or people, or displays a pseudo-maturity inconsistent with age.
- * Disorganized, distrustful, or rigidly compulsive.
- * Takes on adult rules and responsibilities, including those of a parent.
- * Appears autistic, delusional, paranoid, engages in excessive fantasizing.
- * Throws tantrums; seems impulsive, defiant, antisocial, aggressive, constantly tests limits.
- * Fearful, hyperactive, lack of creativity and exploration.
- * Difficulty in making friends and dealing with others, or lack of familiar attachment and excessive peer dependence.
- * Is excessively fearful, anxious, prone to nightmares, or is oblivious to hazard and risks.

Parent's or Caretaker's Behavior

- * Blames or belittles child.
- * Is cold and rejecting; withholds love.
- * Treats children in the family unequally.
- * Does not seem to care much about child's problem.

1028.10.15 Sexual Abuse

REV:01/2002

Child's Appearance

- * Has torn, stained, or bloody underclothing.
- * Experiences pain or itching in genital areas.
- * Has venereal disease.

Child's Behavior

- * Appears withdrawn or engages in fantasy of baby-like behavior.
- * Has unusual or excessive interest or knowledge of sexuality.
- * Has poor relationships with other children.
- * Is unwilling to participate in physical activities.
- * Is engaging in delinquent acts or runs away.
- * States that s/he has been sexually assaulted by parent or guardian.
- * Acts like an adult, not a child.

Parent's or Caretaker's Behavior

- * Very protective or jealous of child (especially regarding child's relationship with opposite sex).
- * Encourages child to engage in prostitution or sexual acts.
- * Excessive interest in the child's sexual development.
- * Misuses alcohol or drugs.
- * Is frequently absent from home.

1028.10.20 Neglect

REV:03/1985

The potential indicators of neglect discussed in the section are organized into categories relating to the child's appearance, the child's behavior and the parent's or caretaker's behavior.

Child's Appearance

- * Often not clean.

- * Comes to school without breakfast, often does not have lunch or lunch money.
- * Clothes are dirty, do not fit, or unsuitable for the weather.
- * Seems to be alone often, for long periods of time.
- * Needs glasses, dental care, or other medical attention.

Child's Behavior

- * Often tired, has no energy, lethargic.
- * Frequently absent from school.
- * Begs or steals food.
- * Causes trouble in school; often has not done homework; uses alcohol or drugs, engages in vandalism or sexual misconduct.

Parent's or Caretaker's Behavior

- * Misuses alcohol or other drugs.
- * Has disorganized, unstable home life.
- * Seems not to care about what happens; gives impression of feeling that nothing is going to make much difference anyway.
- * Lives very much isolated from friends, relatives, neighbors; does not seem to know how to get along with others.
- * Has long-term chronic illnesses.
- * Has history of neglect as a child.

1028.15 COORDINATING PROTECTIVE SERVICES WITH DCYF

REV:08/2006

It is the express purpose of this policy that all suspected cases of neglect or abuse must be referred promptly to the DCYF, and as much pertinent information as possible provided to the Child Abuse and Neglect Tracking System (CANTS) at the DCYF to assist in their investigation. Those cases common to the DCYF and DHS will be serviced in a coordinated fashion. This will be accomplished by:

- * Delineating the roles and responsibilities of DHS personnel with regard to neglect or abuse;
- * Establishing a simplified process for the handling of neglect or abuse cases; and
- * Ensuring a standardized reporting process for all DHS offices.

1028.15.05 Responsibility for Ensuring Compliance

REV:03/1985

For food stamps, the responsibilities of the Program supervisor are:

- * To ensure that each food stamp office follows the established procedures for the prompt disposal of all neglect or abuse complaints;
- * To ensure that appropriate action is taken in all suspected or actual neglect or abuse situations; and
- * To ensure that all levels of staff are aware of this policy.

1028.15.10 Processing Complaints of Abuse/Neglect

REV:08/2006

All complaints, however received (mail, telephone, or in person), must be immediately telephoned to CANTS at the DCYF. The telephone number of the DCYF Division of Protective Services, CANTS, is: 1- 800-RI-CHILD. The DHS staff person (all levels of staff) who receives the complaint will inform the complainant of his/her legal responsibilities, record all the appropriate information, telephone CANTS at DCYF about the complaint, and complete the referral form (DHS-10) to CANTS at the DCYF.

Referral Form DHS-10

The DHS-10 form must be used for referring all neglect or abuse cases to CANTS at the DCYF, and is a three (3) copy NCR type document. The pertinent client data, substance of the complaint, and any appropriate additional information must be completed on the form. Copies of the DHS-10 must be distributed as follows:

- * The food stamp record (if not active on food stamps, route to the Program Supervisor; and
- * The Program Supervisor; and
- * The Call Floor Supervisor, CANTS, 101 Friendship Street, Providence, RI 02903.

1028.15.15 Initiating Complaints of Abuse/Neglect

REV:08/2006

DHS service workers, eligibility technicians, and/or other personnel, may on occasion have reason to suspect or know neglect or abuse among public assistance recipients and non-public assistance recipients as well. (Example: persons applying for assistance who are denied.) If a client is not on assistance, the DHS staff person telephones the complaint to CANTS (1-800-RI CHILD) and follows up by completing an DHS-10 referral form. One copy is sent to the Food Stamp Program Supervisor and the remaining two copies are mailed to CANTS at the DCYF.

If client is receiving assistance the DHS staff person telephones the complaint to CANTS (1-800-RI-CHILD) and follows up by completing a DHS-10 referral form. One copy is sent to the appropriate Food Stamp Program Supervisor and the remaining two copies

are mailed to CANTS at DCYF. If available, any additional pertinent information must be forwarded to CANTS at the DCYF.