Mandated Reporting

Welcome to the online version of the Mandated Reporter training by the DHHS Office of Child and Family Services. The training is designed to be completed on an individual basis.

OCFS also offers an in person training for groups of workers from an organization. To request an in person training , contact a trainer in your geographic area. Please follow this link to find the list of trainers.

http://www.maine.gov/dhhs/ocfs/cps/trainer-contact.html

This presentation is in slide show format. In order to advance through the presentation, click on the down arrow below. You can read the information on the slides at your own pace.

How to navigate the training

- At the end of the training, there is a link to go to a quiz. Click on this link to get to the quiz. You must complete the quiz with 80% accuracy to obtain a certificate of completion. You will have 2 chances to get an 80% score.

- The certificate of completion will populate after the successful completion of the quiz. Please ensure your computer is connected to a printer and print the certificate at this time. The certificate will print the date the training was completed; as well as the date the training certificate expires, a refresher in Mandated Reporter Training is needed, in four years.

Training Purpose

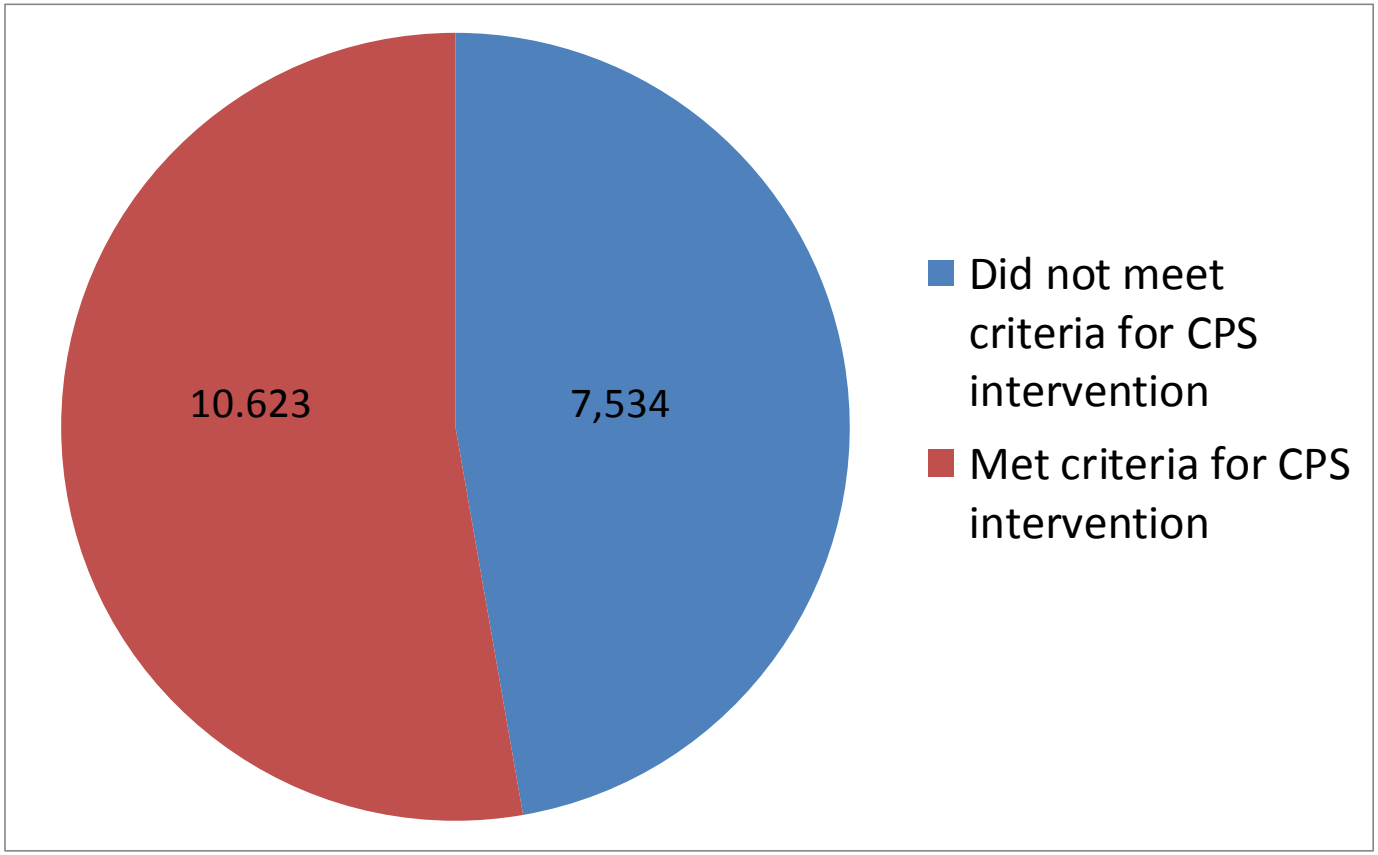
The purpose of this training is to promote child safety by increasing the knowledge of mandated reporters regarding the identification of the signs of abuse and neglect and explaining the process for reporting abuse.

Training Objectives:

- Define the role of mandated reporters.
- Identify behavioral and physical indicators of child abuse or neglect.
- Understand steps necessary to make a Child Protective Services report.

What the data tells us: Reports received by Child Protective Intake (Maine 2015)

Intake received 48,964 calls in 2015. Of those calls 18,615 resulted in a new report being generated. Of the new reports, a total of 10,623 met criteria for CPS intervention.



MEETING CRITERIA:

- ‘Meeting Criteria’ means there is a current allegation of child abuse or neglect and a demonstrated negative impact on a child.

- 7,534 reports did not meet criteria. These presented situations with evidence of serious family problems or dysfunction but did not contain allegations of child abuse or neglect.

- The 457 reports that remain are Drug Affected Baby (DAB) notifications that did not contain allegations of child abuse/neglect and were referred to Public Health Nursing, referred to Tribal Child Welfare (when the children possessed Native American heritage) or completed at Intake.

Did Not Meet Criteria

- **Parent/child conflict**: Children and parent in conflict over family, school, friends, behaviors with no allegations of abuse or neglect.

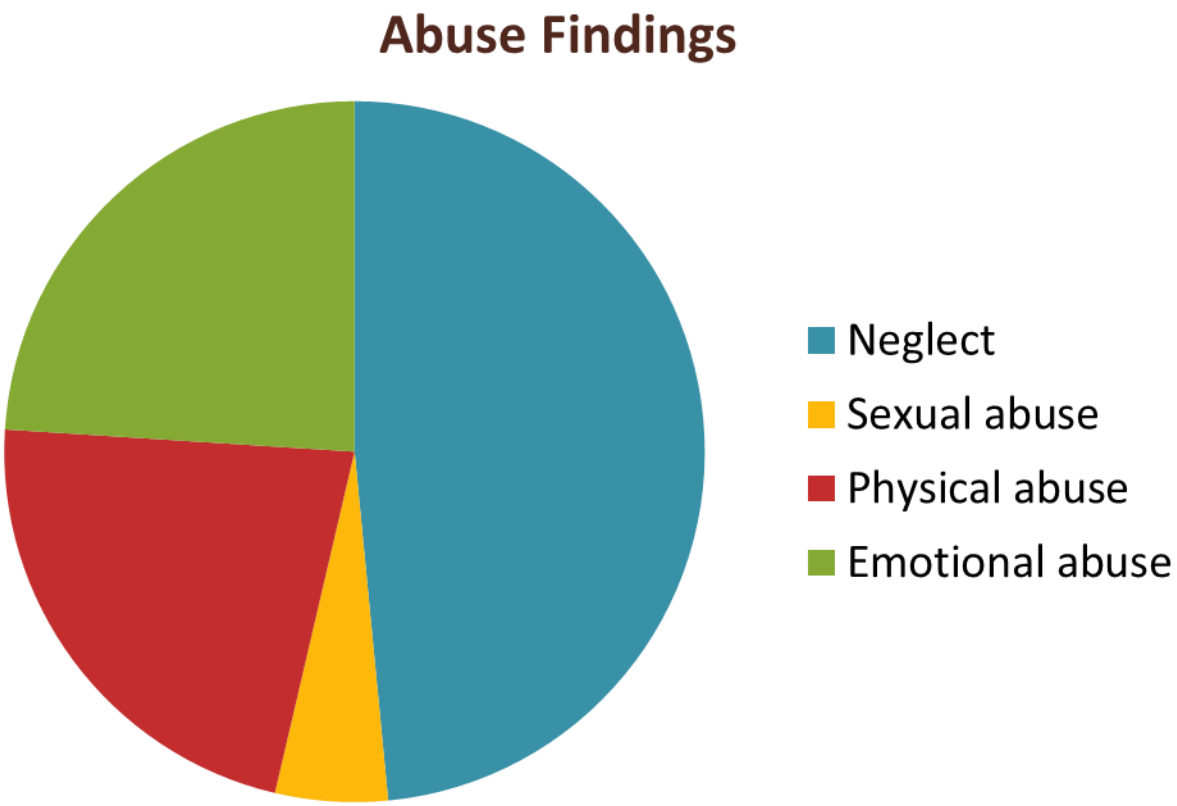
- **Non specific allegations or allegations of marginal physical or emotional care:** which may be poor parenting practice but are not considered abuse or neglect under Maine Law.

- **Conflicts over custody of and or visitation with children:** which may include concerns of marginal/poor care.

- **Families in crisis:** due to financial, physical, mental health, or interpersonal problems but there are no allegations of abuse or neglect.

Findings of Abuse/Neglect by Type (2015)

In 2015 neglect was the most prevalent form of abuse found during assessment, with emotional abuse second, followed by physical abuse and then sexual abuse.



What is child abuse or neglect?

Abuse or neglect means a threat to a child's health or welfare due to physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a parent or caregiver responsible for the child.

Types of abuse/neglect:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect (including Educational Neglect)

Risk Factors:

- Risk factors are negative factors and/or the lack of resources within the family and the family environment that, because they exist, may be or become challenges to achieve and maintain child safety. These factors also increase the likelihood of a child experiencing child maltreatment.

- It's important to point out that just because there are risk factors in a child's home/life does not automatically mean that abuse/neglect is occurring and likewise the absence of risk factors does not mean that abuse and/or neglect has not occurred.

Most Common Risk Factors Associated with Child Abuse and Neglect in Maine

Common Risk Factors Include:

- Children under age 6 (vulnerable child)
- Uncontrolled Mental Illness/Behavioral Issues
- Physical Health Problems
- Alcohol/Drug Misuse by Parent/Caregiver
- Family Violence
- Severe Parent/Child conflict

Physical Abuse

State of Maine DHHS Definition: Abusive treatment to a child by a parent or caregiver that caused or is likely to cause physical injury.

Physical Abuse Injuries

- Bruises, lacerations
- Adult bites
- Burns
- Fractures
- Head trauma

General Indicators of Physical Abuse

- Injury inconsistent with the explanation being offered.
- Different or changing explanation of the injury.
- Injury inconsistent with the developmental age of the child; e.g., any bruise or fracture in a non ambulatory infant.
- Child or caretaker states injury was inflicted.

- Children under the age of 6 months do not generally cause bruising on themselves, any injury to a child under the age of 6 months **MUST** be reported under current Maine law.

Physical Indicators

Bruises

- Multiple locations on the body
- Both arms, legs, or both sides of the face
- Pattern of an implement such as a hand or belt
- Atypical locations for an accident such as the buttocks, neck, earlobes, upper arms, and legs
- Adult bites
- Any injury in an infant less than 6 months

Burns

- Cigarette burns
- Immersion burns
- Patterns like electric burner, iron, lighter, hairdryer, etc.

Fractures

Approximately 30% of all childhood fractures are inflicted. In children under 1 year, 75% of fractures are inflicted

Maine Department of Health and Human Services

Physical Indicators

The next few slides depict physical injuries to children that may constitute physical abuse. These images may be upsetting. You may choose to click past the images, however please be sure to read the corresponding information regarding the type of injury depicted.

Pattern Injury (slap mark)

This photo shows a characteristic linear patterning of an open handprint from a slap on this child's face.

Pattern Injury (slap mark)

- Young children are at a much greater risk for brain damage from head injuries as their skull and facial bone structure have not solidified yet.

- Children under the age of 6 months are unlikely to have any bruises that are accidental. Once a child starts walking however at around 12 to 18 months, he/she can sustain accidental bruises of the shins, forehead, and other bony prominent areas.

Pattern Injury (bilateral grab marks)

The symmetrical/bilateral nature as well as finger print pattern of bruising on both of the child's arms is indicative of grab marks.

Pattern Injury (bilateral grab marks)

- Though such pattern bruising may be indicative of grab marks, it's important to understand the "why."
- It's important to always look at situations from all angles including how such an injury could have happened accidentally and/or in a non-abusive act.
- How might this type of bruising happen in a non-abusive way?
  - Parent/caretaker grabs child by the arms to save them from being hurt in a dangerous situation.

Adult Bite

This photo shows a characteristic human bite. Most human bites in children are inflicted by other children, although measurement of the bite diameter can sometimes assist in determining not only whether the bite was by an adult or child but, in fact, who the likely perpetrator is.

Grab mark on an infant

This is a picture of a grab mark on an infant. Remember children under the age of 6 months do not generally cause bruising on themselves. Infants such as this one are not yet ambulatory and can not generate sufficient force to cause such bruising on themselves.

Sexual Abuse

State of Maine DHHS Definition:

- A parent/caregiver engaged in sexual contact with a child, or forces a child to have sexual contact with others.
- The sexual offender *of children* has uncontrolled access to children.
- Or a parent/caregiver is intentionally subjecting a child to purposefully suggestive remarks and behaviors, creating a sexualized environment that is likely to result in sexual abuse or exploitation.

Sexual Abuse Indicators

Behavioral Indicators

- Inappropriate sexual knowledge or behavior for child's age
- Disclosure or other concerning statements from the child
- Sleep Disturbance
- Exposure to a person who has sexually abused a child(ren)

Physical Indicators

- Unexplained genital injury
- Sexually transmitted infections
- Pregnancy

Sexual Abuse Indicators

- Just because an indicator is present, does not automatically mean that abuse is occurring.

  For example : child has inappropriate sexual knowledge or behavior for the child's age. This is an indicator but what are other ways that children may gain this knowledge that would not necessarily indicate sexual abuse? (Internet, witnessing baby-sitter/older sibling with boyfriend/girlfriend, etc.)

- Bed wetting/enuresis is not on the list when it has long been considered a "red flag" for sexual abuse, however, there are a number of other potential causes for it (physiological issues, developmental delays, emotional health issues).

Human Sex Trafficking (aka Commercial Sexual Exploitation of Children)

When a person responsible for a child uses that child for sexual purposes in exchange for something of value. This includes:

- **Recruitment**-intent to entice someone into a life style by making promises, buying gifts, etc. but can also include the offering of affection.
- **Harboring**-keeping someone detained in some way through threatening, withholding basic needs, drugs, etc.
- **Transportation**-providing transportation to get the child to the place for sex acts.
- **Provision**- providing the child to the customer/client for sex acts.

Risk Factors for Human Sex Trafficking

At Risk:

- Unaccompanied minor
- Disconnectedness
- Frequent runaway and/or missing
- Juvenile justice involvement

High Risk Behaviors:

- Traveling across state lines without parents/guardian
- Frequenting hotels
- Gang affiliations
- Any juvenile justice involvement that is sex related

A child exhibiting one or more of these at risk or high risk behaviors accompanied by pregnancy and/or sexually transmitted disease should increase your suspicions of human trafficking.

Emotional Abuse

State of Maine DHHS Definition:

Abusive treatment by a parent/caregiver that has resulted in emotional impairment or distress in a child.

Indicators of Emotional Abuse

The following parental or caretaker behavior conveys the message that the child is worthless, flawed, unloved, endangered, or only valuable in meeting someone else's needs.

Causes of Emotional Abuse:

- Spurning/Rejecting
- Terrorizing
- Isolating
- Exploiting/ Corrupting
- Denying Emotional Responsiveness

Source: Hart S, Brassard M, Karlson H, (1996) Psychological Maltreatment, in The APSAC Handbook on Child Maltreatment, eds. Briere J. Berliner L, Bulkey J, Jenny C, Reid T; Sage Publications, Thousand Oaks, CA.

Maine Department of Health and Human Services

Definitions- Emotional Abuse

Spurning

This could consist of verbal and nonverbal caregiver acts that reject and degrade a child such as belittling, degrading, overly hostile or rejecting treatment, shaming and/or ridiculing the child for showing normal emotions, consistently singling out one child to criticize and punish, public humiliation.

Terrorizing

This could include caregiver behaviors that threatens or is likely to physically hurt, kill, abandon, or place the child or child's loved ones or objects in recognizably dangerous situations.

How might a parent isolate a child?

This could include caregiver acts that consistently deny the child opportunities to meet needs for interacting or communicating with peers or adults inside or outside the home, such as confining the child or placing unreasonable limitations on the child's freedom of movement within his or her environment.

Emotional Abuse Questions

How might a parent <u>exploit or corrupt</u> a child?

This includes caregiver acts that encourage the child to develop inappropriate behaviors that are self-destructing, antisocial, criminal, deviant, or other maladaptive behaviors.

What might a parent <u>denying emotional responsiveness</u> look like?

This includes caregiver acts that ignore the child's attempts and needs to interact (failing to express affection, caring, and love for the child) and show no emotion in interactions with the child. Examples are being detached and uninvolved through either incapacity or lack of motivation, interacting only when absolutely necessary, and/or failing to express affection, caring, and love for the child.

How Does Exposure to Domestic Violence and Cruelty to Animals Affect Children?

- Promotes desensitization to abusive acts and damages a child's capacity for empathy
- Damages the sense of safety and confidence in the ability of adults to protect her from harm
- Leads to a child's acceptance that physical harm is acceptable and expected in allegedly loving relationships
- Fosters or leads to a child seeking power/control by inflicting pain and suffering upon others
- Leads to imitation of abusive behaviors

Neglect

State of Maine DHHS Definition:

Failure to provide adequate food, clothing, shelter, supervision, or medical care when that failure causes or is likely to cause injury including accidental injury or illness. Also failure to protect a child from harm resulting in physical abuse, sexual abuse or emotional abuse. It can be categorized as a deprivation of necessities (food, clothing, shelter), by a lack of medical or dental care, by a lack of supervision and by a failure to protect a child from other forms of abuse.

Neglect is a pattern of maltreatment and not a one time incident and occurs when there is a negative impact upon a child.

Example: if a child has poor hygiene, but there is no negative impact to the child's physical health, self-esteem or peer relationships, the poor hygiene may not rise to the level of being neglectful.

Indicators of Neglect:

- **Underweight/overweight** – refers to children who are grossly underweight/ overweight. Grossly underweight children may be diagnosed with non-organic failure to thrive (having dropped off the growth chart with no physiological reason). Grossly overweight children may be morbidly obese with the obesity affecting their overall health (difficulty ambulating, joint pain, juvenile diabetes, etc.).

- **Consistent hunger** – refers to instances where children chronically complain of being hungry, going without meals at home, begging for food, hoarding food, etc.

- **Poor Hygiene** – refers to a chronic situation where a child's hair, skin and clothing are chronically unclean negatively impacting the child's health (skin rashes, etc.) or emotional well-being (resulting bullying or isolation from the peer group).

- **Basic needs not met** – This refers to an ongoing lack of food, shelter, clothing, etc.

Indicators of Neglect (continued)

- **Inadequate clothing for weather** – refers to a chronic situation, not a one-time incident where Johnny comes to school during the first snowfall without a hat and mittens.

- **Unattended needs** – refers to instances of medical/dental neglect where a parent's failure to take action has a negative impact on a child.

- **Is left alone, unsupervised for long periods of time** – is dependent upon multiple variables such as the child's developmental ability, any handicapping conditions, etc.

- **Child left with inappropriate caregiver** – refers to situations where a caregiver may pose a threat of abuse/neglect to a child based upon prior behavior.

- **Unsafe/Unsanitary housing** – refers to situations where living conditions are hazardous to a child's health and well-being.

Identifying Neglect

- As a reporter you should be prepared to create a visual description of the conditions of the home, especially those conditions that may be dangerous.
- No detail is insignificant.
- Be as specific as possible. Remember the Intake Caseworker has not physically seen what you have seen.
- Try to describe your concerns in as much detail as possible so that the Intake Caseworker will understand the specific threat of harm to the child(ren) based upon the child(ren)'s age(s) and development.

Identifying Neglect

Take a few minutes to look at the following photos. While looking at the photos, please consider the following:

- Two children live in this home. They are 1 and 4 years of age.
- How would you describe your concerns to DHHS?
- What are the specific concerns for crawling children or children just starting to walk? What are the concerns for preschoolers interested in climbing, turning dials, pressing buttons, etc.?

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Areas of Concern

- Broken furniture – safety risk
- Bagged garbage – sanitation issue
- Broken wood trim (left, white, leaning against chair) – safety risk
- Broken child's toy (foreground, pink) – safety risk
- Overturned table – safety risk, indication of anger issues?
- Chair in front of gas stove – safety risk
- Cat litter and feces on floor – sanitation issue
- Dishes on counter w/knife – safety risk, sanitation issue

Maine Department of Health and
Human Services

Areas of Concern

- Mattress stained with human and animal waste – sanitation issue
- Bed devoid of any bedding – no attempt to make room comfortable for child
- Bagged and un-bagged garbage on floor – sanitation issue & safety issue (walking)
- Table in front of second story window – safety issue
- Drawers piled next to dresser – safety issue

Educational Neglect

This applies to families being reported solely for habitual truancy. A student is habitually truant if:

- S/he is at least 7 years old or has not completed grade 6.
- S/he has the equivalent of 7 full days or 5 consecutive days of unexcused absences during a school year.
- School has taken steps to resolve the truant behavior through communication with parents with no improvement in attendance.
- The school is generally the only entity that reports Educational Neglect as the general public would not have the required information.

What does it mean to be a mandated reporter?

A mandated reporter is someone who is **legally required** to report suspected abuse or neglect of a child.

You are mandated to file a report of suspected abuse or neglect of a child when:

- Your occupation is included in the law.
- You become aware of the suspected abuse or neglect while you are acting in a professional capacity.
- You have a reasonable cause to suspect that a child has been or is likely to be abused or neglected or that suspicious child death has occurred.

When reporting as a member of the staff of a medical, public or private institution, agency or facility:

- The concerned staff member shall immediately notify the director of the institution/agency/facility or a designated agent who then shall cause a report to be made. The concerned staff member also may report directly to Child Protective Intake.
- The director of the institution/agency/facility or the designated agent shall notify the concerned staff member in writing that a report has been made to Child Protective Intake. Confirmation must include at a minimum:
  - Name of individual making report, date and time of report and a summary of information conveyed.
- If the notifying person does not receive confirmation that a report has been made within 24 hrs of the notification this person shall immediately make a report to the department.

AN EMPLOYER MAY NOT TAKE ANY ACTION TO PREVENT OR DISCOURAGE AN EMPLOYEE FROM MAKING A REPORT.

Required report of residence with non-family:

A report shall be made to the department if the person knows or has reasonable cause to suspect that a child is not living with the child's family:

- Report must be made immediately if there is reason to suspect that a child has been living with someone other than the child's family for more than 6 months.
- If there is reason to suspect that a child has been living with someone other than the child's family for more than 12 months pursuant to a power of attorney or other non-judicial authorization (this means that there has been no legal transfer of custody/guardianship of the child).

Title 22 MRSA Chapter 1071

For the complete Child and Family Services Child Protection Act, including which groups are Mandated Reporters see:

http://www.mainelegislature.org/legis/statutes/22/title22ch1071sec0.html

Concerns about reporting

What if I am wrong?

If you report concerns regarding child abuse/neglect, the Department conducts an assessment and finds that abuse/neglect has not occurred, that is an ideal outcome.

I don't want to be fired as a provider.

Providers may reasonably be concerned that a family may terminate services if a provider makes a report. If you are concerned that this may occur, it may be beneficial to request confidentiality when reporting (to protect your working relationship).

I'm worried about retaliation.

Providers may worry that a family may make a complaint to a provider agency or that a family will retaliate in a physical manner.

Concerns about reporting

I need to maintain a relationship with the family (personal relationship).

This may again be a time to request confidentiality.

I don't want to release confidential information about my client.

HIPAA defers to federal and state laws regarding child abuse/neglect. This means if a Caseworker asks for information regarding a client's mental health or substance abuse issues, it is legal for you to provide the information because it may have a direct relationship to child safety.

Concerns about not reporting?

- Risk to Child – Often if a provider is working with a family and observing child abuse/neglect, the issue has gotten to the point that it will not resolve itself and intervention may be required. Without intervention, the level of risk to the child may remain the same or even increase.

- Licensing issues – If a provider holds a professional license, has concerns regarding child abuse/neglect, fails to report those concerns and harm comes to the child, it is possible that this failure to report could impact the provider's professional license (LSW, LCSW, MD, PHD).

Concerns about not reporting?

- Fine - From Title 22 §4009. Penalty for violations - "A person who knowingly violates a provision of this chapter commits a civil violation for which a forfeiture of not more than $500 may be adjudged."

- Civil Suit - If a mandated reporter has concerns regarding child abuse/neglect, fails to report those concerns and harm comes to the child, it is possible that the family could bring a civil suit against the mandated reporter.

Responding to Disclosures

Now let's look at what happens if a child discloses abuse and/or neglect to you and some things that you should know to do to prepare yourself to respond.

Some DOs:

- Pay attention to physical setting.
- Listen to what the child has to say.
- Ask for clarification of what you don’t understand instead of assuming information.
- Assure the child it is okay that s/he told you about the situation.
- Report any concerns regarding child abuse/neglect to DHHS immediately.

Some DON'Ts:

- Do NOT express disapproval of the parents/child/situation.
- Do NOT mention consequences for the alleged offender.
- Do NOT promise to keep the disclosure a secret.
- Do NOT tell the alleged offender a child made a disclosure if it may increase the risk to the child.

If I suspect child abuse or neglect what should I do?

- File a report **immediately** by calling Intake at **1-800-452-1999.** Staff is available 24 hours per day to document your concerns.

- You are not required to submit a paper copy of your report to DHHS.

Role of DHHS vs. Role of District Attorney/Law Enforcement

Report to DHHS:

Reports of suspected child abuse or neglect by a **parent or caregiver** are reported to DHHS (Child Protective Services).

Report to Police or DA:

Any reports of physical or sexual abuse of a child are reported to the District Attorney's Office where the incident took place per Mandated Reporting Law. When DHHS receives these reports, Child Protective Intake will also forward the report to the District Attorney.

Anonymity vs. Confidentiality

By law, mandated reporters cannot make reports **anonymously.** This means that mandated reporters must identify themselves to DHHS and provide contact information.

- *DHHS staff will ask how reporter knows the family and when reporter last had contact with the family. Mandated reporters are only mandated to report when they learn information through their position as a mandated reporter (not when information reported is obtained in the course of daily life i.e. while shopping at the local Wal-Mart).*

Mandated reporters may request that their identities be kept **confidential** from the family. This means that DHHS will not disclose this information unless DHHS pursues court action on behalf of the child, at which point the reporter may be subpoenaed to testify to the information reported.

What information is needed for the report?

- Name, address & phone number of child's custodial parent and directions to the home
- Names & relationships of other adults in the home
- Children's names and ages (dates of birth)
- Information on any out of home parents
- Alleged abuse/neglect **(be as specific as possible)**
- Any actions you have or intend to take
  - *If a child makes a disclosure of abuse by the out of home father and you intend to call the custodial mother to inform her, please let DHHS know, it helps inform decisions regarding intervention.*
- Additional information
  - *Intake staff will ask additional questions about school, employment, child care, mental health or substance abuse issues, domestic violence, service providers involved and relative resources. Intake staff will also ask about family strengths or protective capacities. DHHS uses the information requested to develop a broad understanding of the family situation as it impacts child safety.*

What happens after the report is made?

- All Reports are documented and remain in the database for 18 months.
- Intake Caseworkers make a preliminary disposition as to whether reports meet criteria for intervention or do not and send to supervisor for review.
- Reports requiring intervention are transferred to the District Office where intervention should occur within 72 hours of transfer.
  - Intervention may consist of:
    - Referral to Community Partnership for Protecting Children (CPPC) for outreach and community support (timeframe based upon need)
    - Referral to Alternative Response Program (ARP) which may work with a family (generally for up to 4 months)
    - Assignment to a DHHS Caseworker who conducts an assessment (generally lasting 19 or 35 days)

Frequently Asked Questions (FAQs)

Q: Is spanking child abuse?

A: Not necessarily. The use of spanking or physical discipline, in and of itself, is not child abuse. Spanking or physical discipline becomes abusive when it causes or is likely to cause physical harm (bruising, cuts, broken bones) or emotional harm (significant anxiety or fear of a parent) to a child that lasts even after the spanking/physical discipline incident has ended.

When receiving reports about spanking or physical discipline, DHHS considers the child's developmental abilities (an infant or a child who cannot understand cause and effect does not benefit from this form of discipline as the child does not understand that "X" behavior will result in "Y" punishment), the child's emotional stability (children with high anxiety, Post Traumatic Stress Disorder (PTSD), processing issues, sensory issues, etc. may be more emotionally or physically traumatized by this discipline than other children without the same issues). DHHS also considers the context of the discipline ("does the punishment suit the crime?") and the mechanism of the discipline (spanking with an open hand over the clothed bottom vs. punching with a closed fist or hitting on the bare skin with a leather belt).

FAQs continued…

Q: Is there a law in Maine that states how old a child must be before s/he may be left home alone?

A: No. There is no law in Maine that states a child has to be "X" years old before he/she may be left home alone. There are many variables that go into determining if a child is capable of caring for his/herself safely. When receiving reports of children left home alone, DHHS considers the child's specific circumstance. For example, does the child have a physical handicap or cognitive impairment that may pose a safety issue? Does the child have access to parents, relatives or others via phone in an emergency? Is the physical environment safe for a child? There may be a 10 year old child who is capable of providing self care for 1 to 2 hours after school with a neighbor to check in with should the need arise. There may be a 16 or 17 year old child with a physical impairment requiring caregiver assistance with feeding, toileting, etc.

FAQs continued…

Q: I made a report about a family. DHHS made an appointment to visit and the family cleaned up. I feel like DHHS didn't see what the home is truly like. Why does DHHS call first?

A: It is DHHS' policy to inform parents of a report and to arrange to visit the home to meet with family members (within 72 hours). This is to engage families in the DHHS process and minimize instances when DHHS is unable to locate a family. This notification does sometimes prompt families to make changes to their home environment before a visit. While this may prevent the caseworker from viewing the home as it was described in a report, an improvement in the home environment is likely to increase child safety so this is a positive thing. If you are concerned about prior notification, you may voice that concern when you make the report.

More FAQs…

Q: I made a report of concern regarding a family. I gave my name and contact information to the Intake Caseworker, but asked to be confidential. Now the family is calling me and saying that a caseworker went to the home and told the family that I made the report. Why is DHHS giving out this information?

A: If you request confidentiality, DHHS will honor that request. There have been situations when a reporter has requested confidentiality only to find that the family seems to know the reporter's identity as the report source. This causes the reporter to feel that DHHS did not respect the request for confidentiality. If you request confidentiality, DHHS will honor that request. This means if you are "Susie" the children's maternal grandmother, a caseworker will not go to the home and say "Susie called" or "a grandparent called," however because you may have reported detailed information regarding a specific incident that not many people outside the family know about, the family may have guessed that you made the report. DHHS would not confirm this to the family.

Still More FAQs…

Q: I am a relative. I heard that children in my family may be placed in DHHS custody. I do not want the children to be placed in a foster home. Does DHHS consider placing children with family members?

A: Yes, when a child comes into custody, DHHS actively explores relative resources starting when a report is received. DHHS understands that it is best for a child to remain with people he/she knows and with whom he/she is comfortable. DHHS strives to ensure that children remain in their home communities even when they may not be able to remain in their birth homes.

Still More FAQs…

Q: I made a report of concern regarding a family. Things got better for awhile, but now it's getting bad again. The same things are happening over and over. Why isn't DHHS doing anything?

A: DHHS may have closed and may be unaware. There are times that a reporter has made a report and DHHS gets involved but then after a time the reporter notices that things are getting bad again or the same behaviors that were concerning before are beginning again and the reporter wonders why DHHS isn't doing anything. When DHHS conducts an assessment and intervenes in a family situation things in the home may improve and DHHS may choose to close with the family believing that the issues have been resolved but once they are out of the home the family begins to revert back to previous behaviors. This happens at times and DHHS may not be aware of it, so it's important for reporters to call DHHS when they see concerns arising again and make another report.

And a FINAL FAQ…

Q: I made a report of concern regarding a family. DHHS got involved, but the children are still in the home. Why didn't DHHS remove the children and place them in foster care?

A: DHHS' role is to work with a family to attempt to address safety issues that are presented. It is DHHS' goal to safely maintain children within their birth homes whenever possible. DHHS does not become involved with a family with a goal of assuming custody of a child, however if the family is unable to address safety issues and this creates an environment of risk of harm to a child, DHHS may petition the court to require the family to participate in services or to request custody of a child be granted to DHHS. Ultimately, it is up to the court to determine custody.

To Report Child Abuse or Neglect

Call the Child Protective Intake Unit

1-800-452-1999

TTY users call Maine relay 711

24 hours a day/7 days a week

Quiz and Certificates

- This slide concludes the Mandated Reporter training.
- Please click on the following link to complete a short quiz to check your understanding.
- A certificate of completion will be presented at the end of successfully completing the quiz.
- If you would like to print the certificate, please ensure the printer is ready before you begin the quiz. You will not be able to return to this page and print it at a later date.
- Thank you for taking the time to complete this training and for helping to keep children in Maine safe.
- http://www.maine.gov/dhhs/ocfs/cps/mrt-questions.html