

# Reporting Abuse, Neglect, and Dependency



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## CABINET FOR HEALTH AND FAMILY SERVICES

— Department for —  
Community Based Services

To report child abuse, neglect, or dependency:

1-877-KYSAFE1

(1-877-597-2331)

For emergencies, please call 911!

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## Introduction & Purpose

The Cabinet for Health and Family Services (CHFS), Department for Community Based Services (DCBS), Division of Protection and Permanency (DPP), 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, or intervention is needed. When DCBS receives a report of alleged maltreatment, intake staff assesses the information received and will sometimes request additional information to ensure that the most appropriate determination is made. If the report is accepted for investigation, a social service worker will contact the child(ren) and families involved to assess the validity of the report and to ensure the safety of the child(ren). Social service workers are also responsible for providing resources to families to assist them as appropriate.

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.

This booklet is designed to provide information for those who may encounter situations of suspected child abuse or neglect. It is intended to provide guidance to a reporting source on how to respond when a child who may be abused or neglected needs special protection. Professionals, who work with children, are in a key position to be aware of maltreated children and are mandated reporters. This booklet will provide the following information:

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

## The Kentucky Unified Juvenile Code

The child protection program is mandated by statute, which means there are state laws that declare a child's right to be free from abuse and neglect. These laws are known as 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, school, or other community setting. It requires that these reports be assessed and investigated, if the allegation meets criteria, and requires that social services be provided to child(ren) 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, including 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 states in KRS 600.010 (2) (a) that 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 strengthening and maintaining the biological family unit; to ensuring that policies and practices utilized are supported by data and research and are monitored or measured for their effectiveness in achieving the intended results; and to offering all available resources to any family in need of them;

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

When a child is removed from his or her home, these laws require that DCBS must work to return the child to his or her parents by providing services;

"Reunification services" means remedial and preventive service which are designed to strengthen the family unit, to secure reunification of the family and child, where appropriate, as quickly as practicable, and to prevent the future removal of the child from the family. KRS 620.020(14)

## The Adoption and Safe Families Act

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

## Legal Definitions of Child Abuse, Neglect and Dependency

KRS 600.020 states:

(1) "Abused or neglected child" means a child whose health or welfare is harmed, or threatened with harm when:

(a) His or her parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person exercising custodial control or supervision of the child:

1. Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;
2. Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;
3. Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child, including but not limited to parental incapacity due to a substance use disorder as defined in KRS 222.005;
4. Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
5. Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
6. Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;
7. Abandons or exploits the child;

8. Does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child;

9. Fails to make sufficient progress toward identified goals as set forth in the court-approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for fifteen (15) cumulative months out of forty-eight (48) months; or

10. Commits or allows female genital mutilation as defined in KRS 508.125 to be committed; or

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

KRS 600.020(20) 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."

It is important to note that, for a report to meet the criteria for DCBS to investigate, the person who is the alleged perpetrator of abuse or neglect must be the parent or guardian or have some type of supervisory responsibility for the child, except in alleged incidents of human trafficking and female genital mutilation. This can include a babysitter, teacher, coach, or day care center personnel. There must be a legal basis to intervene in the life of a family.

## When to Report

Concerned citizens have a legal obligation to make a report to DCBS when there is reason to believe that a child is being abused, neglected, dependent, or may be the victim of human trafficking or female genital mutilation. Individuals can make a report by calling 1-877-595-2331. Staff is available to answer calls 24/7; this does include weekends and holidays. When in doubt, individuals should make the call and discuss their concerns with intake staff. The agency's centralized intake staff is trained to assess the information they are provided, ask follow up questions, and ensure the most appropriate screening decisions are made.

**It is important to note that if a child appears to be in imminent danger or is in need of immediate protection, individuals should call 911 or the local police department immediately.**

Police officers can remove a minor from a threatening environment 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)

## Who is Responsible for Making a Report?

Kentucky law indicates that it is the duty of **anyone** 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...

## How to Make a Report

To report child abuse and neglect committed by a parent, guardian, or person exercising custodial control or supervision of a child, or abuse by a non-caretaker in cases of human trafficking or female genital mutilation, contact **DCBS** at the toll-free child abuse hotline: 1-877-597-2331.

Reports of suspected child abuse or neglect may also be made to a local police department, Kentucky State Police, or any legal prosecutor.

Non-emergency reports may also be made using the [Kentucky Child/Adult Protective Services Online Reporting System](#).

## What DCBS Needs to Know

When making a report of suspected abuse, neglect, exploitation, or dependency it is essential that the following information be provided:

- The child and caretaker's name, current location (including the address or directions to the home);
- If there are concerns about the child's immediate safety;
- Any person believed to be responsible for the abuse or neglect to the child, if the person is known, and their relation to the child;
- The nature, extent, and occurrence of the abuse or neglect; and
- The name, address, phone number, and email address of the reporter, if the reporter agrees to provide the information.

It is also helpful if the reporter can include the answers to the following questions:

- Does the reporter have firsthand knowledge of the situation or the family?
- Has the reporter been involved with the family or attempted to work with them on the problem?
- Has the caretaker been responsive or resistant to any attempt to help?

## Reports That Are Not Accepted

DCBS has the authority and obligation to ensure that reports meet the statutory definition of abuse, neglect, or dependency before a formal child protection investigation begins. In a case where the allegation(s) is not clearly one of abuse, neglect, or dependency, but may indicate that services are needed, DCBS will attempt to be responsive and link the reporting source to appropriate services. Some examples for why a report would not be accepted for an investigation include:

1. There is no specific act of abuse, neglect, or dependency alleged. An example of this is a generalized concern for the welfare of the child that does not state specific allegations that reflect child abuse or neglect.
2. The alleged victim of maltreatment is age 18 or older.
3. Abuse or neglect committed by someone other than the parent, guardian, or person exercising custodial control or supervision (such as a friend, neighbor, stranger, etc.) should be made to local law enforcement or prosecutor. If DCBS receives this type of report, it will be referred to law enforcement, unless it is a report of human trafficking or female genital mutilation.

## Resource Linkage

Sometimes an individual will contact the child abuse hotline with genuine concerns about a child's situation, to be informed that the report does not meet the agency's criteria for an investigation of abuse, neglect, or dependency. When it does not meet criteria, the hotline worker can refer the reporting source to needed resources to assist the family.

## Privileged Communication

KRS 620.050(3) and KRS 620.030 (5) further states:

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

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

## Confidentiality and the Person Making the Report

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

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

## Immunity

Both civil and criminal immunity from prosecution is given to any person making a report or assisting legal authorities or the child protection program in making an assessment, if 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. However, any person who knowingly makes a false report and does so with malice shall be guilty of a Class A misdemeanor.

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

## Penalty for Failure to Report

KRS 620.990(1) states:

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

## What to Expect After Making a Report

Due to the nature of reports, the first step taken by DCBS is to determine if the referral meets the criteria for investigation of abuse, neglect, or dependency. An investigation/assessment is conducted as soon as possible on all cases that meet criteria. Depending upon the safety threats and risk factors identified in the report, all cases will be initiated between four and 72 hours of acceptance.

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

While the first priority is to protect children from abuse, neglect, or dependency, it is not the only goal. DCBS wants to help strengthen families by providing planned, goal oriented services, which will increase parental capacity for adequate childcare. Services are developed both to help parents alleviate barriers, which may lead to maltreatment of their child(ren) and to improve parenting knowledge and skills.

If the family must be separated for the safety and wellbeing of a child, the goal is to reunify the family unit under better circumstances and with tools/resources to reduce the risk of future maltreatment. When possible, children are placed with relative or fictive kin caregivers; this helps the child(ren) maintain their family identity and makes the eventual transition back to their own home easier.

## What Can DCBS Share With the Reporting Source?

State law prohibits DCBS from disclosing any confidential information about a case unless it is to a person with a legitimate interest in receiving the information as cited in KRS 620.050. When a reporting source makes a report to DCBS, they are provided with a reference ID. The reporting source can contact centralized intake after the report has been processed to inquire if the report met acceptance criteria. The reporting source is automatically notified by email of reports that do not meet criteria, if their correct email address was provided at the time the report was made.

## Who Can Receive Information?

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

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

KRS 620.050 states: (7) Nothing in this section shall prohibit a parent or guardian from accessing records for his or her child providing that the parent or guardian is not currently under investigation by a law enforcement agency or the cabinet relating to the abuse of a child.

## Sharing Information with the Schools

School personnel are considered mandatory collateral contacts regarding school-aged children when school is in session. School staff, who has an ongoing, continuous relationship with a child and a legitimate interest, may receive basic information contained in a child protective services report. These staff may be able to offer important information to assist in the investigation. DCBS staff should inform the school, within two working days:

- At the beginning of an investigation, when the child is a victim of alleged abuse or neglect;
- At the conclusion of the agency's work with the family; and
- When the child is placed in OOHC, to provide a list of individuals who may contact the child at school and who may remove the child from school grounds (KRS 620.146).

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

## Indicators of Abuse, Neglect, and Dependency

Some forms of abuse or neglect are more difficult to detect than others, however, there are often signs or indicators which may suggest a child needs help. The following information includes potential indicators for different types of abuse/neglect. **The examples below may be used as a guide, however, should not be considered an all-inclusive list.**

### ***PHYSICAL ABUSE***

#### **EXAMPLES:**

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

#### **INDICATORS:**

##### Physical

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

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

##### Behavioral

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

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

- Timid, easily frightened;
- Psychosomatic complaints, such as enuresis and vomiting;
- Craves affection;
- Experiences language delay;
- Has difficulty with school despite normal ability (energy is misdirected);
- Shows indiscriminate attachment to strangers;

- Assumes the role of parent in the parent-child relationship or is extremely mature in parent-child interactions.

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

- Hurts other children;
- May try to "make happen" what he/she expects in order to gain feeling of control;
- Shows extreme aggressiveness;
- Has severe, anger filled temper tantrums; or
- Developmentally delayed.

### Environmental

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

## **NEGLECT**

### **EXAMPLES:**

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

### **INDICATORS:**

#### Physical

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

#### Behavioral

- Low weight for age and/or failure to thrive for no medical reason;
- Untreated sores, severe diaper rash, urine scalds and/or significant dental decay;
- Poor standards of hygiene, (i.e., child consistently unwashed);
- Children not adequately supervised for their age;
- Hunger and scavenging or stealing food and focus on basic survival;
- Extended stays at school, public places, and other homes;
- Longs for or indiscriminately seeks adult affection;
- Poor school attendance;

- Emotionally withdrawn;
- Permitted alcohol and other drug abuse;
- Inadequate clothing, especially in winter.

## **HUMAN TRAFFICKING**

### **EXAMPLES REGARDING SEX TRAFFICKING:**

- Forces or coerces child/youth to exchange sex for food, a place to stay, clothing, or anything the child/youth needs/wants;
- The commercial exchange of the child to meet the needs or wants of caretaker, such as the caretaker allowing someone else to engage in sexual activity with the child in exchange for drugs, rent, etc.;
- A child makes money or is required to earn a quota for a “boyfriend/pimp/controller/manager/daddy”;
- A person posts sexually explicit pictures of the child on the internet for the purpose of making money;
- Caretaker possesses, manufactures, or distributes child pornography, including electronically;
- Caretaker solicits child online for sexual acts; or
- Caretaker distributes obscene materials depicting child.

### **EXAMPLES REGARDING LABOR TRAFFICKING:**

- Child is forced to hit a quota of magazine or candy sales in order to receive food, water, shelter, or have other basic needs met.;
- Child is threatened of being deported in exchange for labor;
- Withholding immigration paperwork in exchange for labor;
- Forced to work in inhumane environments for little to no pay in exchange for a need being met;
- Threats of violence against a person or their family in exchange for labor; and
- Salary garnishment to pay off smuggling fees leading to debt bondage.

### **INDICATORS:**

#### Physical

- Untreated or undertreated workplace injuries;
- Bruising, burns, tattoos, or scarring to indicate branding;
- Exposure to toxic chemicals;
- Respiratory issues;
- High number of anonymous sexual partners/older partners;
- Multiple pregnancies/abortions;
- Physical impacts of long-term trauma;
- Frequent treatment for sexually transmitted infections and injuries;
- Physical and sexual abuse;
- Communicable and non-communicable disease, (e.g., TB, hepatitis);
- Substance misuse; and
- Dental issues.

## Behavioral

- Sudden changes in behavior;
- Confusing or contradicting stories;
- Inability to focus or concentrate;
- Unaware of location, age, time;
- Protects the person who hurt them, minimizes abuse;
- Guilt and shame about experiences;
- Reserved/avoiding interaction or providing limited information;
- Psychological trauma;
- Depression and anxiety disorder;
- Sexual acting out in children and young adolescents; and
- Knowledge and behavior outside of typical range for age.

## ***SEXUAL ABUSE***

### **EXAMPLES:**

- Genital exposure;
- Any incident involving child non-accidental exposure to sexual behavior;
- Fondling;
- Masturbation of child victim;
- Oral sex; and
- Penetration of vagina or anus.

### **INDICATORS:**

#### Physical

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

#### Behavioral

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

## ***EMOTIONAL INJURY***

### **EXAMPLES:**

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

## ***DEPENDENCY***

### **EXAMPLES:**

- Caretaker dies or is incapacitated, and no alternative caretaker is available;
- Caretaker cannot meet a child's special needs and has exhausted all available resources;
- A minor is in the US without an adult to care for them; or
- A minor is re-entering the community setting from a Department for Juvenile Justice (DJJ) commitment, and does not have a safe home or custodian to return to.

## **CHARACTERISTICS OF ABUSIVE PARENTS**

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

## Additional Legal Definitions Related to Maltreatment of Children

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

- (9) "Child" means any person who has not reached his or her eighteenth birthday, unless otherwise provided;
- (26) "Emotional injury" means an injury to the mental or psychological capacity or emotional stability of a child as evidenced by a substantial and observable impairment in the child's ability to function within a normal range of performance and behavior with due regard to his or her age, development, culture, and environment as testified to by a qualified mental health professional;
- (47) "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;
- (49) "Physical injury" means substantial physical pain or any impairment of physical condition;
- (52) "Qualified mental health professional" means:
  - (a) A physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties;
  - (b) A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or medical officer of the government of the United States while engaged in the practice of official duties, and who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.;
  - (c) A psychologist with the health service provider designation, a psychological practitioner, a certified psychologist, or a psychological associate licensed under the provisions of KRS Chapter 319;
  - (d) A licensed registered nurse with a master's degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience with mentally ill persons, or a licensed registered nurse with a bachelor's degree in nursing from an accredited institution who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of inpatient or outpatient clinical experience in psychiatric nursing and who is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional comprehensive care center;
  - (e) A licensed clinical social worker licensed under the provisions of KRS 335.100, or a certified social worker licensed under the provisions of KRS 335.080 with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, 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, a private agency or company engaged in providing mental health services, or a regional comprehensive care center;
  - (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, a private agency or company

- engaged in providing mental health services, or a regional comprehensive care center;
- (h) A physician assistant licensed under KRS 311.840 to 311.862, who meets one (1) of the following requirements:
1. Provides documentation that he or she has completed a psychiatric residency program for physician assistants;
  2. Has completed at least one thousand (1,000) hours of clinical experience under a supervising physician, as defined by KRS 311.840, who is a psychiatrist and is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc.;
  3. Holds a master's degree from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agencies, is practicing under a supervising physician as defined by KRS 311.840, and:
    - a. Has two (2) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
    - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least two (2) years; or
  4. Holds a bachelor's degree, possesses a current physician assistant certificate issued by the board prior to July 15, 2002, is practicing under a supervising physician as defined by KRS 311.840, and:
    - a. Has three (3) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
    - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least three (3) years;

(60) "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;

(61) "Sexual abuse" includes but is not necessarily limited to any contacts or interactions in which the parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person having custodial control or supervision of the child or responsibility for his or her welfare, uses or allows, permits, or encourages the use of the child for the purposes of the sexual stimulation of the perpetrator or another person;

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

## Conclusion

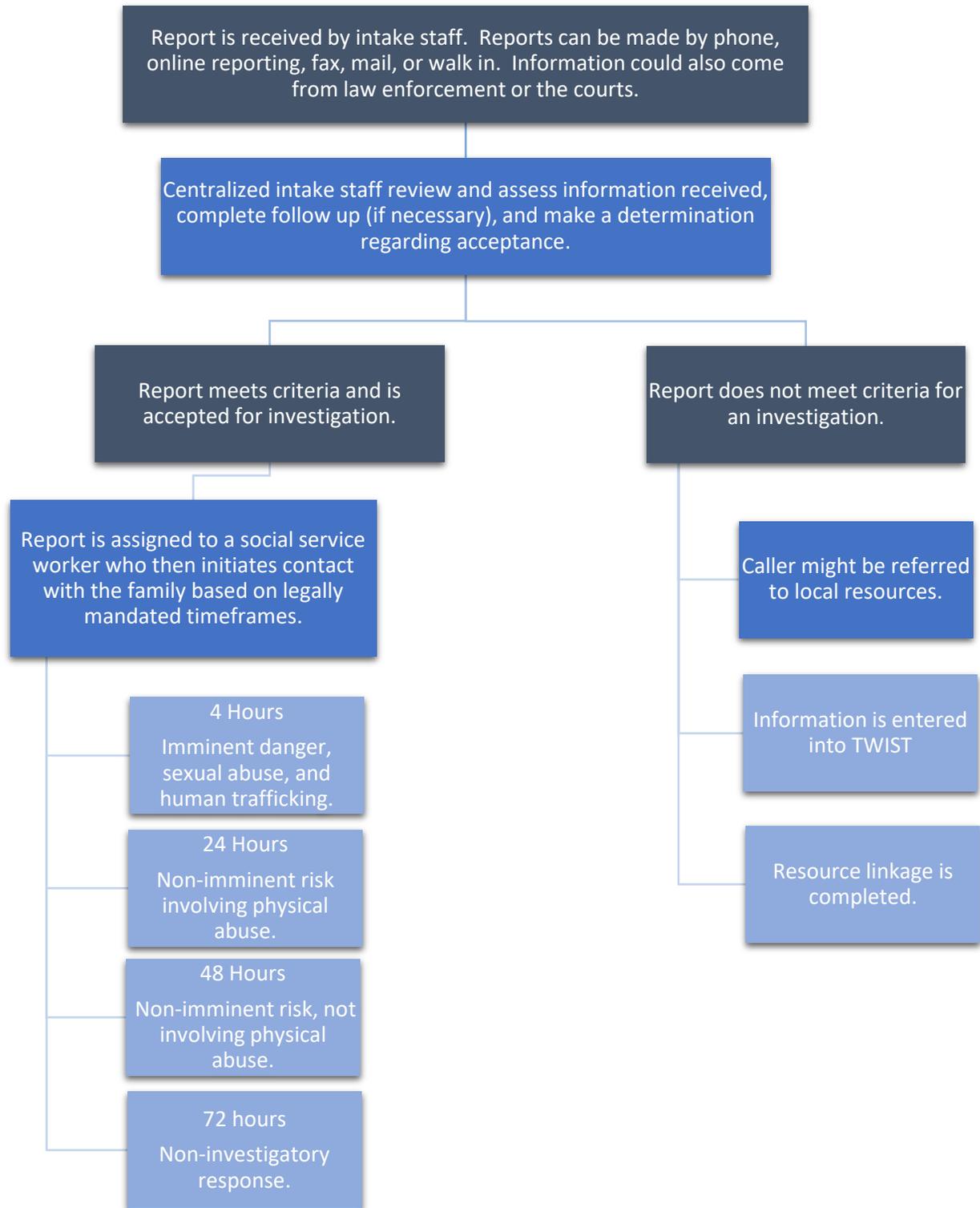
Hopefully, this booklet will assist the reader in recognizing situations of possible abuse, neglect, or dependency and how to appropriately report those concerns.

The Cabinet for Health and Family Services, Department for Community Based Services, Division of Protection and Permanency is only one component of a network of community agencies that are responsible for responding to 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, childcare, and other groups that interface with child protection families. Protecting children is truly a community concern.

If you have any questions regarding child safety or need a consultation surrounding child protective services intake and investigations, please contact the Child Protection Branch at [DCBSChildProtection@ky.gov](mailto:DCBSChildProtection@ky.gov).

Applicable Kentucky Revised Statutes and Kentucky Administrative Regulations may be found online at <http://www.lrc.state.ky.us>. For further information regarding child abuse, neglect, or dependency, contact a local DCBS office using the listing found on page 19.

# Child Protective Service Intake Flowchart



## Department for Community Based Services Contact Information

### **TO REPORT SUSPECTED CHILD ABUSE NEGLECT OR DEPENDENCY**

#### **Call**

1-877-597-2331

24-HOUR HOTLINE; or

**[Kentucky Child/Adult Protective Services Online Reporting System](#)**  
**for non-emergency reports.**

#### **IF A CHILD IS IN IMMEDIATE DANGER, CALL 911**

**Local DCBS office information can be located here:**

**[https://prd.webapps.chfs.ky.gov/Office\\_Phone/index.aspx?county=114](https://prd.webapps.chfs.ky.gov/Office_Phone/index.aspx?county=114)**

Office of the Ombudsman:

CHFS.Listens@ky.gov or by calling: (502) 564-5497.

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

This handbook is also available on the Related Resources Browser of the online standards of practice manual.