

# **CHILD PROTECTIVE SERVICES REFERRAL PROCEDURES**



**For SCHOOL Mandated Reporters**

Presented by the Bureau of Social Services Administration  
Department of Public Health and Social Services

# **AN ABUSED CHILD'S APPEARANCE OR ACTIONS**



An abused or neglected child may often appear very dirty and poorly groomed.

An abused or neglected child often talks of being abused or talks about an incident.

**TRUE    or    FALSE ?**



# **Purpose**

**To provide information on:**

- **Who are considered mandated reporters**
- **Why ALL mandated reporters should be concerned about child abuse and neglect**
- **How to recognize child maltreatment**
- **How and where to report child abuse and neglect**

# Mandatory Reporting of Child Abuse and Neglect

## But not limited to:

- Child Care Providers
- Foster Care
- Law Enforcement officers
- School Personnel
- Teachers
- School Administrators
- School Counselors
- School Nurses
- School Workers
- Social Service Counselors/Therapists
- Or any occupations that have contact with children
- Medical practitioners:
  - Chiropractor
  - Dentist
  - Doctors
  - Medical Examiners
  - Nurses
  - optometrist
  - Pharmacists
  - Physician
  - podiatrist
  - Psychologist

# Why Should Mandated Personnel Be Involved?

## ▪ Legal, Professional and Moral Responsibility

- Educators are trained to recognize and intervene when children are not able to fully benefit from their educational opportunities and can detect cues that may indicate that children are being maltreated.
- School personnel have a chance to see changes in children's appearances and behaviors.
- Each individual who is involved with children has the obligation of knowing how to protect children from harm.
- Laws require the involvement of school personnel in child abuse and neglect issues, provides protection for those school personnel who become involved and penalizes those who fail to meet their obligations.
- School personnel have a keen sense of professional responsibility and personal commitment to the children in their care. They may be the only readily available source of support, concern and caring for many children.

# Governing Legislation and Policies

- The Federal Child Abuse Prevention and Treatment Act (42 U.S.C.A. 5106g)
  - Identifies a minimum set of acts or behaviors that define physical abuse, neglect and sexual abuse
- Guam Family Violence Act of 1998
  - Directs government resources towards controlling family violence, providing civil statutes and court procedures for handling family violence and providing educational programs
- Guam Child Protective Act Public Law 20-209
  - created procedures to safeguard, treat and provide permanent planning for children who have been harmed or threatened with harm

# What is Child Abuse and Neglect?

- **Child abuse and neglect include:**
  - Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
  - An act or failure to act which presents an imminent risk of serious harm
    - Federal Child Abuse Prevention and Treatment Act

# Types of Abuse

## ■ Physical Abuse

Non-accidental injury of a child

- punching, beating, kicking, biting, burning, shaking or otherwise harming a child

## ■ Emotional Abuse

Patterns of behavior that attacks a child's emotional development and sense of self worth

- name calling, blaming, belittling, terrorizing, isolation, humiliation, and rejection

## ■ Sexual Abuse

Any act of a sexual nature upon or with a child

- fondling a child's genitals, intercourse, incest, rape, sodomy, adult showing his/her genital area, exposure to pornographic materials and commercial exploitation through prostitution or the production of pornographic materials

# Types of Neglect

- **Educational Neglect:** involves the failure of a parent or caregiver to enroll a child of mandatory school age in school or provide appropriate homeschooling or needed special education training.
- **Medical Neglect:** is generally defined as a parents or guardian's failure to provide adequate medical care for their child or children.

# Types of Neglect

## ■ **Physical Neglect**

Purposely failing to act on behalf of a child or to provide adequately for a child

- refusal of or delay in seeking health care, abandonment, expulsion from home, or inadequate supervision

## ■ **Emotional Neglect**

Purposely not providing for a child's emotional needs

- marked inattention to the child's need for affection, refusal of or failure to provide needed psychological care, spouse abuse in the child's presence, and permission of drug/alcohol use by the child

# Recognizing Physical Abuse

## Physical Indicators

- **Unexplained bruises and welts**
  - face, lips, mouth
  - torso, back, buttocks, thighs
  - various stages of healing
  - clustered, regular patterns
  - reflecting shape of article used to inflict (e.g., buckle)
  - on several different areas
  - regular appearance of bruises after absence, weekend, vacation
- **Unexplained burns**
  - cigarette, cigar burns, esp.. on soles, palms back, buttocks
  - immersion burns (sock or glove-like circular, on buttocks or genitalia
  - patterned: electric burner, iron
  - rope burns on arms, legs, or torso

## Unexplained Fractures

- skull, nose, facial structures
- in various stages of healing
- multiple or spiral fractures

## Unexplained Laceration or Abrasion

- to mouth, lips, gingiva (gums), eyes
- to external genitalia

## Behavioral Indicators

- Wary of adult contacts
- Apprehensive when others cry
- Behavior extremes: aggressive/withdrawn
- Frightened of parents
- Afraid to go home
- Reports injury by parents

# Recognizing Sexual Abuse

## ▪ Physical Indicators

- Difficulty in walking or sitting
- Torn, stained, bloody underwear
- Pain or itch in genital area
- Bruises or bleeding on external genitalia
- Venereal disease, especially in pre-teen
- Pregnancy

## ▪ Behavioral Indicators

- Unwilling to change in PE
- Withdrawal, fantasy or infantile behavior
- Bizarre, sophisticated sexual knowledge or behavior
- Poor peer relationship
- Delinquency; runaways
- Reports sexual assault by caretaker

# Recognizing Neglect

- **Physical Indicators**

- Constant hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision, esp., in dangerous situations or for long periods
- Unattended physical problems or medical/dental needs
- Abandonment

- **Behavioral Indicators**

- Begging, stealing food
- Extended stays at school, early arrival, late departure
- Constant fatigue, falling asleep in class
- Alcohol or drug abuse
- Delinquency (e.g. thefts)
- Says there is no caretaker

# Recognizing Emotional Maltreatment

- **Physical Indicators**

- Speech disorders
- Lags in physical development
- Failure to thrive

- **Behavioral Indicators**

- Habit disorders (sucking, biting, rocking, etc)
- Conduct disorders (antisocial, destructive)
- Neurotic traits (sleep disorders, inhibited play)
- Psychoneurotic behaviors (hysteria, phobia, obsession, compulsion, hypochondria)
- Behavior extremes
- Compliant, passive
- Aggressive, demanding
- Overly adaptive behavior
- Inappropriately adult or infantile behavior
- Developmental lags (physical or mental)
- Attempted suicide

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>Child Protective Services (CPS) Referrals Received</b>	1471	1364	1323	1140	1090
<b>Total Number of Children, Subject of CPS Report</b>	2205	2039	1926	1634	1709
<hr/>					
<b>CPS Referrals by Maltreatment Type</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>T FY 2019</b>	<b>O FY 2020</b>	<b>A L FY 2021</b>
Physical Abuse	609	590	550	403	318
Emotional Abuse	372	392	369	290	426
Sexual Abuse	371	325	287	241	234
Neglect – Physical	1048	1045	951	758	926
Neglect – Educational	197	225	217	148	248
Neglect – Emotional	344	224	210	251	163
<b>Maltreatment Total</b>	<b>2941</b>	<b>2801</b>	<b>2584</b>	<b>2091</b>	<b>2312</b>
<b>Risk Factors</b>	Referrals involving alcohol abuse by Caretakers	71	33	71	38
	Referrals involving children at-risk due to drug use by caretakers	229	191	214	155
	Referrals involving exposure to family violence	111	167	222	195
	Referrals involving teen pregnancy	50	56	50	44
	Referrals involving teen suicide	16	16	27	13
	Referrals Involving Homelessness	47	49	59	67
	Other: (referrals involving run-away youths, custody, court ordered risk assessments, expulsion of a child from home, children in need of services, lack of a guardian, etc.)	8	15	26	11
	Unknown	3	4	8	70
	<b>Risk Factor Total</b>	<b>535</b>	<b>531</b>	<b>677</b>	<b>593</b>

# Why Do People Abuse/Neglect Children?

- **STRESS** is a major factor in child abuse. Too much stress can push even the strongest person to his or her emotional limits. Some common sources of stress are:
  - Alcohol and/or drug abuse
  - Lack of knowledge about parenting
  - Financial troubles
  - Being isolated from family, friends
  - Mental Problems
  - Illness of child or family member
- Not all abuse is the result of frustration or stress. Sometimes parents use inappropriate discipline or a family member may have a psychological disorder.
- Most abuse, however, does not occur as a result of willful desire to hurt a child. Some circumstances may be unintentional, but in the midst of anger while punishing a child, may lead to abusive behavior

# Reporting Child Abuse and Neglect

## ■ Who is Required to Report?

- Any person who, in the course of his or her employment, occupation or practice of his or her profession, comes into contact with children shall report when he or she has reason to suspect on the basis of his medical, profession, or other training and experience that child is an abused or neglected child
- Persons required to report suspected child abuse under subsection (a) include but are not limited to any licensed physician, medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, intern, registered nurse, license practical nurse, hospital personnel engaged in the admission, examination, care or treatment of persons, Christian Science practitioner, school administrator, school teacher, school nurses, school counselor, social services worker, day care center worker or any other child care or foster care worker, mental health professional, peace officer or law enforcement official

– Child Protective Act

# Reporting - Immunity and Liability

## ■ Immunity

- Any person, hospital, institution, school, facility or agency participating in good faith in the making of a report or testifying in any proceeding arising out of an instance of suspected child abuse or neglect, the taking of photographs or the removal or keeping of a child pursuant to §88302 of the Child Protective Act shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For the purpose of any proceeding, civil or criminal, the good faith of any person required to report cases of child abuse or neglect pursuant to §88201 shall be presumed

– Child Protective Act

## ■ Penalty for Failure to Report

- Any person required to report pursuant to §88201 who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist is guilty of a misdemeanor and is punishable by confinement for a term not to exceed six months, by a fine of not more than \$1,000 or by both. A second or subsequent conviction shall be a felony in the third degree

– Child Protective Act

# Confidentiality

- **Any information received which could identify a subject of the report or the person making the report shall be confidential.** Any person who willfully releases or permits the release of any such information to person or agencies not permitted by this Section shall be guilty of a felony of the third degree
- Information received by be released, on a need to know basis, and only as necessary to serve and protect the child
- Persons who report pursuant to §88202 (mandated reporters) shall be required to reveal their names
  - Child Protective Act

# What To Report?

- Any child you suspect whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of the person(s) responsible for the child's welfare
  - Child Protective Act
- “Policies contained in the Student Procedural Assistance Manual of the Department of Education (SPAM)
  - Sets forth Departmental procedures for student crisis intervention and other student problems which present significant difficulties for both student and school
- ... Persons who aren't primarily responsible for a child's welfare, such as teachers, school aides, school administrators, bus drivers, friends, etc., who cause harm to a child do not commit child abuse; they commit criminal assault.” Refer to the chapter entitled Assault Upon Students if the alleged assailant is someone other than a person primarily responsible for the welfare of the student

# Contents of the report

- Reports of child abuse or neglect should contain the following information:
  - the name of the person making the report
  - the name, age, and sex of the child
  - the present location of the child
  - the nature and extent of injury, and
  - any other information, including information that led that person to suspect child abuse, that may be requested by the child protective agency receiving the report
- Other information relevant to the incident of child abuse may also be given to an investigator from a child protective agency who is investigating the known or suspected case of child abuse
- The name of the person or persons responsible for causing the suspected abuse or neglect
- Family composition
- The actions taken by the reporting source, including the taking of photographs and x-rays, removal or keeping of the child or notification of the medical examiner and
- Any other information which the child protective agency may, by regulation, require

– Child Protective Act

# When to Report

- Reports of suspected child abuse or neglect from persons required to report shall be made immediately by telephone and followed up in writing within 48 hours after the oral report.
  - Child Protective Act

# Where to Report

- Reports of suspected child abuse shall be made to Child Protective Services:
- From 8:00 a.m. to 5:00 p.m, Monday through Friday, contact:
  - 475-2653 or 475-2672 (Phone)
  - 477-0500 (Fax)
  - Location - 3rd Floor, 194 Hernan Cortes Ave (Former Union Bank Building, now known as the Terlaje Professional Building) in Hagatna
- There is an Intake Unit consisting of social workers who will receive all child abuse and neglect referrals.
- After 5:00 p.m., weekends and holidays, CPS can be contacted by calling the Guam Police Department Switchboard at 472-8911.
- For any emergencies, you may report to the Guam Police Department at 911.

# CPS Responsibilities at the School

- Interview the student at the school to conduct an investigation of child abuse and neglect.
- CPS does not need to obtain permission from the parent/guardian to conduct the interview
- CPS is allowed to take a student into custody without a court order and without the consent of the child's parent/guardian if, in the discretion of a CPS worker , the child is in such circumstances or condition that the child's welfare presents a situation of harm or threatened harm to the child
- CPS shall sign out using whatever log the school maintains for recording student removals by parents/guardians

- DOE SPAM

# **School's Responsibilities When a Referral Has Been Made**

- It is not sufficient for employees to report suspected child abuse/neglect to their supervisors with the expectation that the supervisor assumes the responsibility to report the suspicion to CPS or police. The requirement to report is a personal one which cannot be transferred
- Refrain from conducting any type of investigation for the purposes of determining if the suspected abuse/neglect has occurred
- Provide a quiet place for CPS to conduct the investigation free from interruptions or intrusions by persons not involved in the investigation
- Provide access to student records without written permission from students' parents/legal guardians to conduct an investigation of child abuse or neglect only when all of the following specific conditions exist:
  - a serious threat exist to the health or safety of the student
  - the information contained in the records is necessary to meet the emergency
  - the party to whom the information will be disclosed is in a position to meet with the emergency
  - time is of the essence in dealing with the emergency

- DOE SPAM

# **School's Responsibilities When a Referral Has Been Made- Continued**

- Notify parents/guardians when a child has been removed, inclusive of advising them to check with CPS regarding the location of their children. No information regarding the referring source is to be provided to the parents/guardians
- Should a case arise and CPS is unable to have a worker meet with the child by the end of the school day, the school administrator shall make arrangements for the child to be transported to the CPS office. *This should only be done only when the school has reasonable suspicion to believe the student would be in danger by returning home, or when the student refuses to return home.* However, every reasonable effort must be made to immediately inform parents/legal guardians of why their child is not returning home and where the child is being taken, so as not to evoke unnecessary worry that the child is lost or has been harmed.
- Schools which are unable to arrange transportation of the student to CPS may call the Division of Pupil Personnel Services (PPS) and request that such transportation be provided. PPS will attempt to make such arrangements. The school shall tell whoever is sent by PPS to the school, which CPS worker received the telephone report on the incident

– DOE SPAM

# Other Situations of Concern

- Suicide
  - Refer to the DOE SPAM for instructions on suicide intervention.
  - For those instances where a student is simultaneously considering suicide and alleging child abuse/neglect, implement procedures for suicide intervention as provided for in SPAM
  - Notify parent/legal guardian. Schools cannot delegate or ask CPS to assume the responsibility to inform the student's parents/guardians about the suicide situation
  - Contact CPS
- Children not picked up on time
  - Request that staff exhaust all efforts to contact parents/legal guardians or other persons listed on the emergency contact card. The Mayors' Offices for example, may be utilized as a source of assistance. Give parents sufficient time to respond.
- Chronic Truancy
  - For situations where chronic truancy is the result of parents' failure to provide for the child's educational needs, contact CPS. For situations where parental neglect is not indicated such as students skipping school or beyond control cases, please refer to your school policy regarding referrals to the Attendance Officer.

# What Happens Next?

- CPS has 60 days from the date the referral was made to complete its investigation
- Actions may include:
  - Completing investigative interviews
  - Assessing further risk to the child
  - Exerting protective custody, court intervention if necessary
  - Making alternate placement of the child
  - Referring and coordinating needed services for the child

# Direct Services Staff

## Bureau of Social Services Administration

- Krisinda C. Aguon, Human Services Program Administrator
- Crystal J. F. Gooden , Social Services Supervisor II

### CHILD PROTECTIVE SERVICES (CPS) SECTION

#### Intake & Crisis Unit Staff

##### Shirley Untalan, Social Services Supervisor I

- John Howard
- Melanie Manglona
- Wilbert Roduk

#### Investigation Unit Staff

##### Pamela Brewster, Social Services Supervisor I

- Kole Ada
- Patience Artero
- Joelyn Borja
- Mokihana Kahele
- Peter Santos
- Keani Taitague
- Andrew Terlaje
- Nicole Tydingco
- Orleen Villasoto

#### Case Management Unit Staff

##### Maeleen Lizama, Social Services Supervisor I

- Jenna Arriola
- Eileen Escalera
- Tisha Flores
- Sarita Ilesugam
- Lydia Jesus
- Jennifer Lee
- Gia Righetti
- Christine Salas
- Maureen San Nicolas
- Janeisha Simpao
- Chloe Suva

### FAMILY SUPPORT SERVICE (FSS) SECTION

#### Family Preservation (FP) & Family Support Services (FSS) Unit Staff

##### Robinette Balajadia, Social Services Supervisor I

- Chelce Calvo
- Hillary Flores
- Jennet Guzman
- Julie Quinene
- Territa Roberto
- Norma Salas

### HOME EVALUATION and PLACEMENT SERVICES (HEPS) SECTION

#### HEPS Unit Staff

##### MaeFe Muyco, Social Services Supervisor I

- Nilda Orenicia
- Norma Roberto
- Sarah Senior



**CHILD ABUSE AND NEGLECT REFERRAL (PART I)\***

**(P.L. 20-209:5, Child Protective Act)**

Referral Date	Referral Time
Initial Referral	
Follow-up Written Referral	
GPD Report	
Court Order	

Indicate if applicable

GPD Report No. \_\_\_\_\_

Court Case No. \_\_\_\_\_

For Office Use Only		
Date Received	Time	
CWS No.		
Intake Worker		
How was referral received? (Check Box)		
Phone Contact	Office Visit	Drop Off
Mail	FAX (Facsimile)	
New		
Active		
Prior (See attached case cross reference check)		

**I. REPORTING PERSON (RP)**

Name/Title and Relationship to Child	Address
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Home Phone No. ( ) Work Phone No. ( ) Other Contact No. ( )

## II. REASON FOR SUSPECTING ABUSE/NEGLECT

**Observed Abuse (specify) :**  
**(Refer To Diagram on Reverse Side)**

Observed Neglected Condition of Child (specify):

**Incident of Abuse / Neglect Related To Referring Party By Victim(s)**

### III. ALLEGED VICTIM(S)/OTHER CHILDREN

**III. ALLEGED VICTIM(S)/OTHER CHILDREN**  
List all children in the home and indicate with an "X"

Name(s) of Minor(s) \_\_\_\_\_ Victim \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_ SS# \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Present location of alleged victim(s):**

**IV INCIDENT INFORMATION (TYPE OF REFERRAL)**

**IV. INCIDENT INFORMATION (TYPE OF REFERRAL)** **MATL/TREATMENT** – must be marked with an “X” where abuse and/or neglect is suspected. **RISK FACTORS** – mark with an “X” if applicable.

Risk Factors:		Risk Factors (cont'd):	
Emotional Abuse	Alcohol	Physical Disability	Developmental Disability
Physical Abuse	Drugs <i>Specify:</i>	Other Disability	<i>Specify:</i>
Sexual Abuse	Family Violence	Please specify parties involved in the risk factors	
Educational Neglect	Homelessness		
Emotional Neglect	Teen Pregnancy		
Physical Neglect	Teen Suicide		

**V. EXPLAIN WHY YOU SUSPECT ABUSE AND/OR NEGLECT**

**V. EXPLAIN WHY YOU SUSPECT**  
Use additional sheets if necessary.

<b>I. PARENT(S)/GUARDIAN(S)</b> Complete as much information as possible. If you suspect the Parent /Guardian to be the Alleged Abuser, put an "X" in the box marked "ABUSER" below.					
Name		SS#	ABUSER	DOB	Sex      Ethnicity
Address (Residential)		Place of Employment	Home No.	Work No.	Other no.      Relationship to Victim(s)
Name		SS#	ABUSER	DOB	Sex      Ethnicity
Address (Residential)		Place of Employment	Home No.	Work No.	Other no.      Relationship to Victim(s)
Name		SS#	ABUSER	DOB	Sex      Ethnicity
Address (Residential)		Place of Employment	Home No.	Work No.	Other no.      Relationship to Victim(s)
<b>II. ALLEGED ABUSER(S)</b> (Other than the Parent / Guardian)					
Name		SS#	DOB	Sex      Ethnicity	
Address (Residential)		Place of Employment	Home No.	Work No.	Other no.      Relationship to Victim(s)
Name		SS#	DOB	Sex      Ethnicity	
Address (Residential)		Place of Employment	Home No.	Work No.	Other no.      Relationship to Victim(s)
<b>III. BODY DRAWINGS</b> Show where bruises / injuries are located.					
INDICATE SIZE & LOCATION OF WOUND/LACERATION WITH "X" FOR SUPERFICIAL AND "O" FOR DEEP. SHADE FOR BRUISES AND BURNS, BESIDE EACH INJURY, INDICATE COLOR, SHAPE, PATTERN AND TEXTURE.					
EXAMINED BY MEDICAL DOCTOR: ( )Yes ( )No _____ (PRINT NAME) _____ (SIGNATURE)					
EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: _____ (PRINT NAME) _____ (SIGNATURE)					
<b>IV. ACTION TAKEN</b> Explain action taken in this matter. (Use additional sheets if necessary)					
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<b>V. OTHER INFORMATION</b> (Use additional sheets if necessary)					
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<b>VI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person)</b>					
Signature _____			Date _____		



Thank  
you!