

**DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
311 WEST SARATOGA STREET
BALTIMORE, MARYLAND 21201**

DATE: March 3, 2014

POLICY #: SSA-CW #14-10

TO: Directors, Local Departments of Social Services
Assistant Directors, Services

FROM: Carnitra D. White, Executive Director
Social Services Administration

RE: How to Appropriately Respond to Reports Alleging Substantial
Risk of Sexual Abuse by Registered Child Sexual Offenders

PROGRAM AFFECTED: Child Protective Services and In-Home Family Services Programs

ORIGINATING OFFICE: Child Welfare Practice and Policy

ACTION REQUIRED OF: All Child protective Services (CPS) and In-Home Family Services
Programs

REQUIRED ACTION: Implementation of statewide procedures for responding to reports
of alleged substantial risk of sexual abuse by registered child
sexual offenders

ACTION DUE DATE: March 14, 2014

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PURPOSE:

The purpose of this policy directive is to provide information to the local departments of social services regarding the proper response to reports involving individuals registered as child sexual offenders on the Maryland Sex Offender Registry. Sections 5-704.1 and 5-706.2 of the Family Law Article address the reporting and investigation of a “substantial risk of child sexual abuse” posed by registered child sexual offenders living with or in the regular presence of a child who is not the offender’s child.

FL §§ 5-704.1 and 5-706.2, and the implementing regulation, COMAR 07.02.07.23, signal a change in the historical understanding of when Child Protective Services (CPS) conducts investigations and safety and risk assessments. CPS has traditionally conducted investigations and assessed the safety of children **only after receiving a report that child abuse or neglect has already occurred**. With FL § 5-704.1, local departments move toward a more proactive stance by assessing for safety when a person listed on the Maryland Child Sexual Offender Registry for a sexual offense against a child is either living with or in regular contact with a child who is not the offender’s AND there is some evidence that the offender’s behavior toward a child is suggestive that sexual abuse has occurred or may occur.

Once the local department assesses the reported information at screening, the local department will initiate a CPS investigation of specific allegations of abuse or neglect; open a Non-CPS referral or service case to assess if evidence supports a substantial risk of child sexual abuse occurring; decline to conduct an investigation or assessment if the report is a duplicate of a prior report and there is no new information.

Records opened from these reports can be maintained for 5 years in the local department case files.

AUTHORITY:

This policy is governed by the authority of Maryland Code Ann., Family Law Article §§ 5-704.1, and § 5-706.2, and COMAR 07.02.07.01, COMAR 07.02.07.02 and COMAR 07.02.07.23.

BACKGROUND:

Implementation of statewide policy as to how to properly screen, respond, and document specific reports of substantial risk of sexual abuse posed by registered child sex offenders.

Under FL § 5-704.1:

An individual may notify the local department or the appropriate law enforcement agency if the individual has reason to believe that a parent, guardian, or caregiver of a child allows the child to reside with or be in the regular presence of an individual other than the child’s parent or guardian, who:

- (1) Is registered under Title 11, Subtitle 7 of the Criminal Procedure Article based on the commission of an offense against a child; and
- (2) Based on additional information, poses a substantial risk of sexual abuse to the child.

Under FL § 5-706.2:

- (A) A local department or law enforcement agency may receive a report under § 5-704.1 of this subtitle that a child is at substantial risk of sexual abuse.
- (B)
 - (1) Except as provided in paragraph (3) of this subsection, after confirming that the allegations in the report regarding the individual's history are accurate and that there is specific information that the child is at substantial risk of sexual abuse, the local department shall make a thorough investigation to protect the health, safety and welfare of any child or children who may be at substantial risk of sexual abuse.
 - (2) The local department shall conduct the investigation jointly with an appropriate law enforcement agency.
 - (3) If a subsequent report is received regarding an individual with a history of sexual abuse that alleges substantially the same facts as a report that the local department has previously investigated, the local department may decline to make an investigation of the subsequent report.
- (C) Actions after receipt of report - Within 5 days after receiving the report, the local department and the appropriate law enforcement agency shall:
 1. see the child in person;
 2. attempt to have an on-site interview with the child's caregiver and the individual identified in the report as an individual registered under Title 11, Subtitle 7 of the Criminal Procedure Article based on the commission of an offense against a child;
 3. decide on the safety and level of risk to the child, wherever the child is, and of other children in the household; and
 4. decide on the safety and level of risk of other children in the care or custody of the individual identified in the report as an individual registered under Title 11, Subtitle 7 of the Criminal Procedure Article based on the commission of an offense against a child.
- (D) Timing for completion of investigation. To the extent possible, an investigation under this section shall be completed as soon as practicable but not later than 30 days after receipt of the report.

Outline of Maryland Policy:

REPORTS:

- A. This policy is triggered by a report that:
- B. A registered *child* sexual offender is in the home or is in the regular presence of a child, who is not the offender's child; *and*
- C. There is some evidence, other than the offender's status, that the child has been abused or is at a substantial risk of being sexually abused by the offender.

Circumstances to consider when receiving a report for suspected risk of harm-substantial risk of sexual abuse of a child by an individual who is registered as a sexual offender under Title 11, Subtitle 7 of the Criminal Procedure Article based on the commission of an offense against a child:

- 1. Is the reported individual on the Maryland Sexual Offender Registry for an offense against a child?
- 2. Are there additional reported behaviors, comments or actions by the child or the reported individual that lead the reporter to believe that the child is at substantial risk of sexual abuse?
- 3. What role does the parent's involvement (or lack of involvement) play in the reported substantial risk of sexual abuse?
- 4. Are there other children exposed to the alleged substantial risk of sexual abuse?
- 5. Does the report include allegations of incidents of child abuse or neglect?
- 6. Does the referral immediately qualify for a full CPS investigation?

Reportable Behaviors to consider when receiving a report of suspected risk of harm of-substantial risk of sexual abuse of a child by a registered child sex offender:

- 1. **Testing Behaviors**- tactics used by sexual predators to "test" a child's boundaries to see if the child is vulnerable to sexual advances, i.e. making sexual statements or innuendos, giving inappropriate gifts, flattery, offering to assist child with chores or schoolwork, touching in a seemingly "friendly" way, seemingly inappropriately invested in the child, etc.
- 2. **Desensitization**- a tactic used to get a victim "accustomed" to sexual coercive behaviors, by minimizing normal reactions to inappropriate sexual advances, such as telling the child, "I'm just being friendly, I'm trying to teach you something new, I'm helping you, It's ok for us to do this", etc. The predator may also belittle the victim or make the child feel guilty so that the child "consents" to inappropriate behaviors. These tactics are used to have the victim question his/her feelings of discomfort with the predator's advances and serve to minimize the chances of the victim reporting these behaviors to trusted people.
- 3. **Isolation**- this tactic is used to get the victim child alone and away from safe and supportive people. The predator may frequently take the victim on secluded trips, tell

the child that he or she is too mature to believe the trusted advice of family, friends and other support systems, and may insist that the predator is the only person who truly loves or cares about the victim.

4. **Control**- this tactic uses possessiveness, jealousy, intimidation, threats of self harm, anger, violence, gifts or bribery, constant presence, and other behaviors to manipulate the feelings, emotions, and behaviors of the victim child.

SCREENING:

1. A CPS unit screener shall:
 - A. Check the MD Sexual Offender Registry to determine whether the reported individual is required to register;
 - B. Determine that the individual is a registered *child* sex offender by contacting with the Maryland Department of Parole and Probation;
 - C. Determine that the individual is not the parent or guardian of the child; and
 - D. Ascertain that the reporter has information to suggest that the offender poses a substantial risk of harm to a child.
2. If all the criteria in 1. A. – D. above are satisfied **AND THERE IS NO SPECIFIC ALLEGATION OF SEXUAL ABUSE OR OTHER MALTREATMENT**, a CPS Unit Screener shall:
 - A. **Check “Risk of Harm- Known sexual perpetrator has unsupervised or unrestricted access to child”- on the Maltreatment tab** on the Structured Decision Making tool (SDM)- in MD CHESSIE; and
 - B. **Screen in the report on the SDM- Decision tab as “Accept as a Non-CPS: “Only Risk of Harm” type is marked;**
3. If all the criteria in 1. A. – D. are satisfied **AND THERE ARE SPECIFIC ALLEGATIONS OF SEXUAL ABUSE OR ANY OTHER MALTREATMENT:**
 - A. Check **“Risk of Harm - Known sexual perpetrator has unsupervised or unrestricted access to child”- on the Maltreatment tab AND any other maltreatment that is appropriate;**
 - B. Screen in the report on the SDM - Decision tab as “Screened in” CPS response; and
 - C. **Check “Sexual Offender Registry” on the demographic screen in MD CHESSIE.**
4. If the individual is not listed on the MD State Sexual Offender Registry:
 - A. The report cannot be accepted under §5-704.1 or §5-706.2; and
 - B. The screener should evaluate the report to see if there is reason to believe that abuse or neglect has occurred such that the report should be accepted for a CPS investigation
5. The local department may decline to investigate a subsequent report received which contains the same allegations which have already been investigated in a previous investigation or assessment.

RESPONSE:

1. A CPS worker or service worker responsible for the case must initially:
 - A. Contact law enforcement personnel upon receipt of the report to arrange for a joint investigation/visit to the family;
 - B. Make initial contact with the family within 5 calendar days of the receipt of the report; and
 - C. Gather relevant information from a variety of sources, including the child, caregiver or guardian, and the registered child sexual offender;
 - The worker may interview a child without prior parental consent if the worker has sufficient basis for believing the child might be at substantial risk of sexual abuse, aside from the offender's status on the Sexual Offender Registry.
 - D. Complete a **Safe-C** and **Maryland Family Risk Assessment** to determine the safety of and risk to the child and any other children exposed to the registered child sexual offender;

ASSESSMENT:

1. As soon as possible **but not later than 30 days after the approval of the screened in report**, a CPS unit worker or service worker shall:
 - A. Determine the safety and level of the risk of sexual abuse;
 - B. Determine the safety and level of risk of sexual abuse to any children residing with or in the regular presence of the registered child sexual offender, including any children in the care and custody of the registered child sexual offender; and
 - C. Advise the legal caregiver of the child of the potential risk associated with the exposure of a child to the registered child sexual offender.

2. If credible evidence of abuse or neglect becomes available during the assessment of the family:
 - A. The worker is to refer the case to screening and a new referral should be opened for a thorough CPS investigation; and
 - B. The Non-CPS referral shall be closed in MD CHESSIE and a new CPS referral opened through screening to begin a CPS investigation.

AFTER THE ASSESSMENT:

1. At the conclusion of the 30-days timeframe, the worker may:
 - A. Close the Non-CPS case with no further action; or
 - B. Open a Continuing case with services for the family.

2. The local department shall keep the individual's assessment record for 5 years. If the case was opened as a CPS response, the CPS expungement timeframes apply to those cases.
 - The reported information shall be documented in MD CHESSIE as a Non- CPS referral.

MD CHESSIE PROCEDURE:

The following screens illustrate the steps outlined above for entering Substantial Risk of Child Sexual Abuse in CHESSIE.

Check CPS response on the Narrative tab in order to enable the Maltreatment tab.

Demo	Narrative	Maltreatment	Screening Decision
Name of Screener: [REDACTED]		Screener Jurisdiction: Cecil	
Office Location: [REDACTED]			
*Date/Time Received: 09/27/2013 12:38 PM		Date/Time Recorded: 09/27/2013 12:38 PM	
*Type of Contact: Phone		Jurisdiction of Incident: Baltimore City	
Reporter:			
<input type="checkbox"/> Communication Assistance Required (see Referral Information)		Narrative	
History Clearance Information:		Edit	
Out of Home Maltreatment:		Setting Name:	
Organization /Individual Name:		Search Reset	
MD Chessie Provider ID: Address:		Edit Contact Info: Edit	
Work: () -		Ext: ()	
<input type="checkbox"/> Order of Shelter			
<input type="checkbox"/> Law Enforcement Notified		<input type="checkbox"/> Officer Assigned	
Officer's/Dispatcher's Default			
Complaint Number: [REDACTED]			
Select Referral Type:			
<input checked="" type="radio"/> CPS		<input type="radio"/> I&R	
<input type="radio"/> Non-CPS		<input type="radio"/> ROA CPS	
		<input type="radio"/> CPS Hist Clnc	
		<input type="radio"/> Private Adopt	

Check **Risk of Harm-Known sexual perpetrator has unsupervised or unrestricted access to child** IF no additional maltreatment type is reported.

CPS		MD CHESSIE Referral ID:	9003900
Demo	Narrative	Maltreatment	Screening Decision
i	<input type="checkbox"/>	A child under the age of 8 has been left alone or in the care of an inappropriate caregiver with responsibilities beyond his or her capabilities.	
i	<input type="checkbox"/>	A child under the age of 8 has been left alone or in the care of an inappropriate caregiver.	
i	<input type="checkbox"/>	A child over the age of 8 has been left alone without support systems for long periods of time or with responsibilities beyond his or her capabilities.	
Risk of Harm			
i	<input type="checkbox"/>	Prior death or serious injury of a child due to child abuse or neglect, and a new child is now in the home.	
i	<input type="checkbox"/>	Substance-Exposed Newborn (Complete on Demo Screen).	
i	<input checked="" type="checkbox"/>	Known sexual perpetrator has unsupervised or unrestricted access to child.	
i	<input type="checkbox"/>	Child's basic needs are likely to be unmet due to caregiver impairment.	
i	<input type="checkbox"/>	Substantial risk of harm due to domestic violence.	
Medical Neglect			
i	<input type="checkbox"/>	The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care.	
MENTAL INJURY			
Abuse			
i	<input type="checkbox"/>	A child has an observable, identifiable, and substantial impairment of his/her mental or psychological ability to function as a result of an act of a parent, permanent or temporary caregiver, or household or family member.	
Neglect			
i	<input type="checkbox"/>	A child has an observable, identifiable, and substantial impairment of his/her mental or psychological ability to function as a result of failure to act by a parent, permanent or temporary caregiver, or household or family member.	
			<input checked="" type="checkbox"/> Screen Complete

Screen in the report on the SDM-Decision tab as “Accept as a Non-CPS: Only Risk of Harm type is marked”

CPS MD CHESSIE Referral ID: 9003900

Demo Narrative Maltreatment **Screening Decision**

RECOMMENDATIONS AND OVERRIDES

Initial Screening Recommendation

- Screen out (no maltreatment type is marked).
- Screen in (one or more maltreatment types are marked).
- Accept as Non-CPS: Only Risk of Harm type is marked.

Overrides

- No overrides apply.
- Screen out: One or more maltreatment types are marked, but referral will be screened out (mark all that apply).
 - Insufficient information to locate child/family.
 - Information forwarded to another jurisdiction.
 - Historical information, victim is now an adult, and no children are in the care of alleged perpetrator.
 - Duplicate Report.
 - Other (specify): _____
- Screen out as CPS but create a new Non-CPS Referral: No maltreatment type is marked but services need to be provided for the family.
- Screen in: No maltreatment type is marked, but referral will be opened and assigned for child protective services (mark all that apply).
 - Court order for an investigation.
 - Other (specify): _____

Maltreatment type (mark all that apply):

[CPS Response Type](#) [SDM Form](#)
[396 Form](#) [Administrative Override](#) [Approval](#)

When screening in a report of Risk of Harm-Known sexual perpetrator has unsupervised or unrestricted access to child with NO SPECIFIC ALLEGATION OF SEXUAL ABUSE OR OTHER MALTREATMENT IN THE REPORT:

Narrative Details

List

Authored By	Created Date	Edited By	Updated Date	Narra
[REDACTED]	9/27/2013 12:44:07	[REDACTED]	9/27/2013 12:44:07	Origina

Detail

Describe request and/or alleged maltreatment, information known about family function, relationship between parent and children, and likely response from family.

Example of screening for known sexual perpetrator having regular contact with child. Child is at risk of sexual abuse. Mother goes to work at a hospital at night and leaves her two year old daughter with a known sex offender every night. He just got out of jail and is not the baby's father. He is also said to be grooming the child for sex abuse. An assessment is needed.

Maryland Sex Offender's registry was checked and this guy is on it for a crime against a child. Also reported is that this guy leaves the child unattended for hours at a time and does not feed the child at all when he is caring for her.

618 characters entered [Limit 5000 Characters]

Print Spell Check OK Save New Cancel Help

Check CPS response on the Narrative tab in order to enable the Maltreatment tab.

Demo	Narrative	Maltreatment	Screening Decision
Name of Screener: [REDACTED]	Screener Jurisdiction: Cecil	Office Location: [REDACTED]	
*Date/Time Received: 09/27/2013 12:38 PM		Date/Time Recorded: 09/27/2013 12:38 PM	
*Type of Contact: Phone	Jurisdiction of Incident: Baltimore City		
Reporter:			
<input type="checkbox"/> Communication Assistance Required (see Referral Information)			Narrative
History Clearance Information:			Edit
<hr/>			
Out of Home Maltreatment:	Setting Name:		
	Organization /Individual Name:	Search	Reset
MD Chessie Provider ID:	Address:	Edit	Contact Info: Edit
		Work: () -	Ext:
<input type="checkbox"/> Order of Shelter			
<input type="checkbox"/> Law Enforcement Notified	Officer's/Dispatcher's Default	<input type="checkbox"/> Officer Assigned	
Complaint Number:			
Select Referral Type:			
<input checked="" type="radio"/> CPS	<input type="radio"/> I&R	<input type="radio"/> ROA CPS	
<input type="radio"/> Non CPS	<input type="radio"/> CPS Hist Clnc	<input type="radio"/> Private Adopt	

Check Risk of Harm-Known sexual perpetrator has unsupervised or unrestricted access to child AND any other maltreatment type that is appropriate to the report.

CPS	MD CHESSIE Referral ID:	9003900	
Demo	Narrative	Maltreatment	Screening Decision
<input type="checkbox"/>	<input type="checkbox"/> The caregiver does not intervene despite knowledge (or reasonable expectation that the caregiver should have knowledge) that the child is being harmed (includes physical or sexual abuse, neglect, or mental injury) by another person.		^
	Abandonment		
<input type="checkbox"/>	<input type="checkbox"/> A child of any age has been abandoned.		
	Unattended Child		
<input type="checkbox"/>	<input type="checkbox"/> A child of any age who is physically, intellectually, or cognitively disabled is left unsupervised or with responsibilities beyond his or her capabilities.		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> A child under the age of 8 has been left alone or in the care of an inappropriate caregiver.		
<input type="checkbox"/>	<input type="checkbox"/> A child over the age of 8 has been left alone without support systems for long periods of time or with responsibilities beyond his or her capabilities.		
	Risk of Harm		
<input type="checkbox"/>	<input type="checkbox"/> Prior death or serious injury of a child due to child abuse or neglect, and a new child is now in the home.		
<input type="checkbox"/>	<input type="checkbox"/> Substance-Exposed Newborn (Complete on Demo Screen).		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Known sexual perpetrator has unsupervised or unrestricted access to child.		
<input type="checkbox"/>	<input type="checkbox"/> Child's basic needs are likely to be unmet due to caregiver impairment.		
<input type="checkbox"/>	<input type="checkbox"/> Substantial risk of harm due to domestic violence.		
	Medical Neglect		
<input type="checkbox"/>	<input type="checkbox"/> The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care.		
	MENTAL INJURY		
	Abuse		
<input type="checkbox"/>	<input type="checkbox"/> A child has an observable, identifiable, and substantial impairment of his/her mental or		v

Screening Decision should be **Screen In-CPS**- if there are one or more maltreatment types marked.

CPS MD CHESSIE Referral ID: 9003900

Demo Narrative Maltreatment **Screening Decision**

RECOMMENDATIONS AND OVERRIDES

Initial Screening Recommendation

- Screen out (no maltreatment type is marked).
- Screen in (one or more maltreatment types are marked).
- Accept as Non-CPS: Only Risk of Harm type is marked.

Overrides

- No overrides apply.
- Screen out: One or more maltreatment types are marked, but referral will be screened out (mark all that apply).
 - Insufficient information to locate child/family.
 - Information forwarded to another jurisdiction.
 - Historical information, victim is now an adult, and no children are in the care of alleged perpetrator.
 - Duplicate Report.
 - Other (specify): _____
- Screen out as CPS but create a new Non-CPS Referral: No maltreatment type is marked but services need to be provided for the family.
- Screen in: No maltreatment type is marked, but referral will be opened and assigned for child protective services (mark all that apply).
 - Court order for an investigation.
 - Other (specify): _____

Maltreatment type (mark all that apply)

[CPS Response Type](#) [SDM Form](#)
[396 Form](#) [Administrative Override](#) [Approval](#)