	CHILD AND FAMILY SERVICES MANUAL	Effective Date August 1, 2015		
	The Use of Expert Consultation when Assessing Child Abuse and/or Neglect	Section 2	Subsection 9	

I. SUBJECT

The Use of Expert Consultation When Assessing Child Abuse and/or Neglect

II. PHILOSOPHY

The Child Protective Services Caseworker has primary responsibility for conducting the child and family assessment. However, other community providers frequently may be called upon to inform decision making when there are specific circumstances that require additional information from experts.

III. PURPOSE:

To reinforce the use of child abuse and neglect experts within the community in assisting OCFS staff in determining if child abuse and neglect has or has not occurred.

IV. PRACTICE MODEL:

In our response to child safety concerns, we reach factually supported conclusions in a timely and thorough manner. Input from parents, children, extended family, and community stakeholders is a necessary component in assuring safety.

V. LEGAL BASE:

M.R.S. Title 22 §4004

VI. DEFINITIONS:

Board Certified Medical Child Abuse Expert:


A board certified pediatrician that has 3 years of pediatric residency and 3 years of child abuse fellowship and has successfully passed the medical boards.

Board Eligible Medical Child Abuse Expert:

A board certified pediatrician that has 3 years of pediatric residency and 3 years of child abuse fellowship and is eligible to take the boards but has not done so yet.

Child Advocacy Center:

A Community-based center that provides multidisciplinary services for children and their families affected by child sexual abuse and other child abuse and neglect

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VII. PROCEDURE STATEMENT

Report:

When a medical doctor makes a report of alleged physical abuse or medical neglect such as failure to thrive a phone call for consultation must be made to a Board Certified or Board Eligible Child Abuse Medical Expert (or his or her office staff). This phone call must be made by either the referent or Intake staff (if the referent has not already done so), in order to alert the Board Certified or Board Eligible Child Abuse Medical Expert of the allegations, the name of the referent, and the district associated with the report. Specific information that must be given to the Child Abuse Medical Expert includes the specifics of the injuries, how the injury is reported to have occurred, and what response from OCFS will occur (if known at the time of the call). Intake staff will document the Board Certified or Board Eligible Child Abuse Medical Expert's recommendation as to the urgency of the situation and use this in determining the response time for the OCFS Caseworker.


Assessment Activities:

Upon investigating a report of physical abuse or failure to thrive where the referent is not a Doctor and a call has not already been made by intake to the office of a Board Certified or Board Eligible Medical Child Abuse Expert the caseworker will make such call, if in consultation with their supervisor it is determined appropriate to have such call.

If the child is under six months of age and has any bruising or physical injuries, regardless if presented as accidental or inflicted a call will be made to the office of a Board Certified or Board Eligible Medical Child Abuse Expert to determine if the child should be seen by that Doctor as soon as possible, and with parental permission to do so. If parental permission is not granted, the OCFS Caseworker and supervisor will consult in regards to next steps.

If a child is found to have physical injuries related to child abuse and or failure to thrive, then all of the children in that home must be the focus of a consultation with someone in the office of a Board Certified or Board Eligible Medical Child Abuse Expert (particularly if the identified victim is a twin).

When there have been allegations of sexual abuse, best practice dictates that the alleged victim should only be interviewed once by a) law enforcement officer, b) OCFS caseworker, and others

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as deemed necessary. The interviews should be conducted at a Child Advocacy Center (CAC) where multidisciplinary teams can be brought together for this one interview. When there is not a CAC available, child welfare staff should be coordinating, to the best of their ability, with law enforcement to have one interview of the child victim. When there are disclosures of sexual abuse by a child victim a forensic medical evaluation is recommended. Safe nurses are available in Emergency Departments across Maine (for acute cases where there may still be perishable evidence and or when the alleged abuse happened within the last 24 hrs.), or medical evaluations may be done at the offices of a Board Certified or Board Eligible Medical Child Abuse Expert

There may be circumstances when Law Enforcement Officers, Child Advocacy Centers or Board Certified or Board Eligible Medical Child Abuse Expert are not available to meet the strict 72 hour timeframe that child welfare caseworker are required to meet. Under no circumstances is a child welfare caseworker to delay the need to interview alleged victims of child abuse within 72hours of the report of said abuse.

Continued Case Activity:

Consultation with experts should not end at the end of a child abuse assessment. If there was consultation from the office of a Board Certified or Board Eligible Medical Child Abuse Expert that took place during the initial investigation then the same provider should be a team member of cases moving forward to service or permanency cases. If a child was interviewed at a CAC, OCFS Caseworker staff should attend any follow up meetings that are held in regards to that family.