

# MD State Law & HCPSS Policy 1030



- Requires employee or service providers of the Howard County Public School System to report any suspicion of child abuse or neglect to Howard County Department of Social Services
- Provides immunity from civil liability or criminal penalty for a report made in good faith
- Failure to report may result in suspension or termination of services

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- Also requires service providers/volunteer to make a report if there is a reason to believe that abuse or neglect possible occurred. Reports should be made without attempts to do any further investigation
- If needed, service providers/volunteers may consult with the school's Child Abuse Liaison. Liaisons cannot make the report to Department of Social Services on your behalf

# Role of Child Abuse Liaison



- Coordinates support for students suspected of being abused or neglected
- Acts as resource for information relating to child abuse and neglect reporting procedures
- Assists with completion of child abuse reporting forms as needed

# Reporting Child Abuse or Neglect



- Make oral report immediately to Department of Social Services
- Follow up with written report within 48 hours.
- Tell administrator and child abuse liaison that a report was filed
- Do not place copy of report in student educational record

# Service Providers Code of Ethics



- Confidentiality: Any information you have access to in the school or classroom is confidential
- As a service provider/volunteer, you are required to protect the confidentiality of all student information that you see or hear while volunteering

# Unattended Children

Department of Social Services



- Children must be 8 years old to be left unattended for short periods of time
- When an adult is not present, a child must be 13 years old to be in charge of siblings or other children

Information about Howard County  
Public School System Board of  
Education Policy 1030 Child Abuse  
and Neglect may be found on our  
website

[www.hcpss.org](http://www.hcpss.org)

# Certificate of Completion

Talbott Springs Elementary School



This is to certify that I have viewed the HCPSS Child Abuse Reporting Procedures and understand my responsibilities with regard to this policy.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Child(ren) Name : \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_ Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Please print, sign, and return this certificate to the TSES front office.