

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

Certificate of Completion

Talbott Springs Elementary School 2018-19



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

Parent/Volunteer Name: _____

Parent/Volunteer Signature: _____

Child(ren) Name :	_____	Teacher: _____
	_____	Teacher: _____
	_____	Teacher: _____

Date: _____

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