

Mandatory Reporting Requirements: Children Maryland

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Question	Answer
Who is required to report?	<ul style="list-style-type: none"> • Health practitioner, police officer, educator, or human service worker, acting in a professional capacity in this State. • Health care practitioner involved in the delivery or care of a substance- exposed newborn. • Any other person who is not a health practitioner, police officer, educator, or human service worker unless: <ul style="list-style-type: none"> • doing so would violate the attorney-client privilege, the report would require disclosure of “matter communicated in confidence by a client to the client’s attorney or other information relating to the representation of the client,” or doing so would violate any constitutional right to assistance of counsel; or • such person is a minister, clergyman, or priest, and the report would disclose matters in relation to any clergy-person privileged communication that was made in a professional character in the course of discipline enjoined by the church to which the minister, clergyman, or priest belongs; and the minister, clergyman, or priest is bound to maintain the confidentiality of that communication under canon law, church doctrine, or practice.
When is a report required and where does it go?	<p>When is a report required?</p> <ul style="list-style-type: none"> • Reason to believe that a child has been subjected to abuse or neglect. • Health care practitioner involved in the delivery or care of a substance- exposed newborn, unless the health care practitioner: <ul style="list-style-type: none"> • has knowledge that the head of an institution or the designee of the head or another individual at that institution has made a report regarding the substance-exposed newborn; • has verified that, at the time of delivery, the mother was using a controlled substance as currently prescribed for the mother by a licensed health care practitioner, the newborn does not display the effects of withdrawal from controlled substance exposure as determined by medical personnel, the newborn does not display the effects of fetal alcohol spectrum disorder; and the newborn is not affected by substance abuse. <p>Where does it go?</p> <ul style="list-style-type: none"> • For health practitioners, police officers, educators, and human service workers acting in a professional capacity: <ul style="list-style-type: none"> • An oral report must be made by telephone or direct communication to the local department of social services or the appropriate law enforcement agency; and • A separate written reports must be made to the local department of social services, with a copy to the local State’s Attorney. • A health care practitioner involved in the delivery or care of a substance-exposed newborn shall make a report to the local department followed by a written report within 48 hours after the contact, examination, attention,

or treatment that prompted the report.

- In the case of a substance-exposed newborn in a hospital or birthing center, a health care practitioner shall notify and provide the information required under this section to the head of the institution or the designee of the head.
- For persons making a report related to a child residing in the presence of an individual under Title 11, Subtitle 7 of the Criminal Procedure Article, reports may be oral or in writing and should follow the content format described below. If acting as a staff member of a hospital, public health agency, child care institution, juvenile detention center, school, or similar institution, an individual who notifies the appropriate authorities pursuant to the foregoing sentence, immediately shall notify and give all of the required information to the head of the institution or the designee of the head of the institution.
- For all other persons - reports must be made to the local department of social services or the appropriate law enforcement agency (orally or in writing).
- If the alleged abuse or neglect occurred outside of the state and the alleged victim lives outside the state, the reporter shall notify any department of social services in Maryland and such department shall forward the report to the appropriate agency outside of Maryland.
- If the health practitioner, police officer, educator, or human service worker is acting as a staff member of a hospital, public health agency, child care institution, juvenile detention center, school, or similar institution, the person shall also make a report to the head of the institution or the designee of the head.
- A list of the applicable phone numbers and addresses for reporting in each county can be found at: <http://dhr.maryland.gov/child-protective-services/reporting-suspected-child-abuse-or-neglect/local-offices/>.

What definitions are important to know?

- **“Abuse”** means (i) the physical or mental injury of a child that indicate that the child’s health or welfare is harmed or at substantial risk of being harmed by: a parent; a household member or family member; a person who has permanent or temporary care or custody of the child; a person who has responsibility for supervision of the child; or a person who, because of the person’s position or occupation, exercises authority over the child; (ii) sexual abuse of a child, whether physical injuries are sustained or not; or (iii) labor trafficking of a child by any individual. Abuse does not include physical injuries to a child by accidental means.
- **“Child”** means an individual under the age of 18.
- **“Educator or human service worker”** means any professional employee of any correctional, public, parochial or private educational, health, juvenile service, social or social service agency, institution, or licensed facility, and specifically includes any teacher, counselor, social worker, caseworker, and probation or parole officer.
- **“Family member”** means a relative by blood, adoption, or marriage of a child.
- **“Health practitioner”** includes any person who is authorized to practice healing under the Health Occupations Article or § 13-516 of the Education Article and does not include an emergency medical dispatcher.
- **“Labor trafficking”** means knowingly: (1) taking, placing, harboring, persuading, inducing, or enticing a child by force, fraud, or coercion to provide services or labor; or (2) receiving a benefit or thing of value from the provision of services or labor by a child that was induced by force, fraud, or coercion.
- **“Mental injury”** means the observable, identifiable, and substantial impairment of a child’s mental or psychological ability to function caused by an intentional act or series of acts, regardless of whether there was an intent to harm the child.
- **“Neglect”** means the leaving of a child unattended or other failure to give proper care and attention to a child by any parent or other person who has permanent or temporary care or custody or responsibility for

	<p>supervision of the child under the circumstances that indicate (i) that the child's health or welfare is harmed or placed at substantial risk of harm; or (ii) mental injury to the child or a substantial risk of mental injury.</p> <ul style="list-style-type: none"> • “Newborn” means a child under the age of 30 days who is born or who receives care in the State. • “Sexual abuse” means any act that involves: (1) sexual molestation or exploitation of a child by a parent or other person who has permanent or temporary care or custody or responsibility for supervision of a child, by any household or family member, or by a person who, because of the person's position or occupation, exercises authority over the child; or (2) sex trafficking of a child by any individual. • “Sexual molestation or exploitation” includes: (1) allowing or encouraging a child to engage in: (i) obscene photography, films, poses, or similar activity; (ii) pornographic photography, films, poses, or similar activity; or (iii) prostitution; (2) incest; (3) rape; (4) sexual offense in any degree; and (5) any other sexual conduct that is a crime. • “Substance abused newborn” means a newborn who (1) displays a positive toxicology screen for a controlled drug as evidenced by any appropriate test after birth; (2) displays the effects of controlled drug use or symptoms of withdrawal resulting from prenatal controlled drug exposure as determined by medical personnel; or (3) displays the effects of a fetal alcohol spectrum disorder
<p>What timing and procedural requirements apply to reports?</p>	<ul style="list-style-type: none"> • For health practitioners, police officers, educators, and human service workers acting in a professional capacity: <ul style="list-style-type: none"> • The oral report must be made by telephone or direct communication as soon as possible; and • The written report must be made not later than 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been subjected to abuse or neglect. • For all other persons, there are no timing requirements specified, and the report may be oral or in writing to the local department of social services or the appropriate law enforcement agency.
<p>What information must a report include?</p>	<ul style="list-style-type: none"> • Insofar as is reasonably possible, a report shall include the following information: <ul style="list-style-type: none"> • The name, age, and home address of the child; • The name and home address of the child's parent or other person who is responsible for the child's care; • The whereabouts of the child; • The nature and extent of the risk of sexual abuse, abuse or neglect of the child, including any evidence or information available to the reporter concerning possible previous instances of abuse or neglect; and • Any other information that would help to determine the cause of the suspected abuse or neglect or risk of sexual abuse, and the identity of any individual responsible for the abuse or neglect or risk of sexual abuse. • For reports relates to substance exposed newborns: <ul style="list-style-type: none"> • the name, date of birth, and home address of the newborn; • the names and home addresses of the newborn's parents; • the nature and extent of the effects of the prenatal alcohol or drug exposure on the newborn; • the nature and extent of the impact of the prenatal alcohol or drug exposure on the mother's ability to provide proper care and attention to the newborn; • the nature and extent of the risk of harm to the newborn; and • any other information that would support a conclusion that the needs of the newborn require a prompt assessment of risk and safety, the development of a plan of safe care for the newborn, and referral of the family for appropriate services

<p>Anything else I should know?</p>	<ul style="list-style-type: none"> • Any person who in good faith makes or participates in making a report of abuse or neglect or participates in an investigation or a resulting judicial proceeding is immune from any civil liability or criminal penalty that would otherwise result from making or participating in a report of abuse or neglect. • An individual that intentionally prevents or interferes with the making of a report of suspected abuse or neglect is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding 5 years or a fine not exceeding \$10,000 or both. • Any health practitioner, police officer, educator, or human service worker, that is required to report abuse or neglect and who knowingly fails to provide the required notice or make the required written report if the person has actual knowledge of the abuse or neglect is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$10,000 or imprisonment not exceeding 3 years or both. • If an agency participating in an investigation under § 5-706 of this subtitle has substantial grounds to believe that a person has knowingly failed to report suspected abuse or neglect as required by § 5-704 of this subtitle, the agency shall: <ul style="list-style-type: none"> • File a complaint with the appropriate licensing board in accordance with the provisions of the Health Occupations Article if the person is a health practitioner; • File a complaint with the appropriate law enforcement agency if the person is a police officer; or • File a complaint with the county board of education or the appropriate agency, institution, or licensed facility at which the person is employed if the person is an educator or a human service worker. • An individual may notify the department upon 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 is registered under Title 11, Subtitle 7 of the Criminal Procedure Article based on the commission of an offense against a child; and based on additional information, poses a substantial risk of sexual abuse to the child.
<p>Statutory citation(s):</p>	<p>Md. Code Ann., Fam. Law §§ 5-701, 5-704, 5-704.1, 5-704.2, 5-705, 5-705.1, 5-705.2, 5-705.4, 5-708; Md. Code Ann., Courts and Judicial Proceedings §§ 5-620, 9-108, 9-111; MD Code, Criminal Law § 3-602.2</p>