Institutional Providers: Recognizing and Reporting Child Abuse and Neglect

Introduction

Currently all fifty (50) states have laws requiring that certain individuals are mandated to report cases of suspected child abuse and/or neglect. In South Carolina employees of facilities that provide care for children outside the home are mandated reporters of child abuse and neglect. This includes day care facilities and other out-of-home child care facilities.

This information packet is intended for professionals who work with children in institutional settings. Its purpose is to aid in the understanding of mandatory child abuse reporting laws. This publication provides information that will help a childcare worker who is employed in an institutional setting recognize child abuse and neglect and report suspected child abuse and neglect in accordance with state law. This publication also contains an overview of the manner in which child abuse and neglect reports are processed by the South Carolina Department of Social Services (DSS) and by law enforcement.

Several legal terms are used throughout this publication. Legal terms that appear in bold type are defined for the reader at the end of publication.

Reporting Child Abuse and Neglect

Mandatory Reporters

In South Carolina the following professionals are mandated reporters of suspected child abuse/neglect: physicians; nurses; dentists; optometrists; medical examiners; or coroners and their employees; emergency medical services; mental health or allied health professionals; teachers; counselors; principals; social or public assistance workers; substance abuse treatment staff; childcare workers; foster care providers; police or law enforcement; undertakers; funeral homedirectors or their employees; film processors; computer technicians; judges; and the clergy, including Christian Science Practitioners or religious healers (subject to laws governing privileged communication).

When to Report

Mandated reporters must report abuse or neglect when, in their professional capacity, they receive information giving them reason to believe that a child’s physical or mental health has been or may be adversely affected by abuse or neglect. A decision to report must be based upon a reasonable belief that a child has been or may be abused or neglected. Mandatory reporters need not have conclusive proof that a child has been abused or neglected before making a report to the appropriate authorities.
A person who is required to report and fails to report is guilty of a misdemeanor. Upon conviction, he or she may be fined up to $500.00 or imprisoned up to six months, or both.

Where to Report

Where to report is determined by the relationship of the suspected perpetrator with the child. When the alleged perpetrator is the child’s parent or guardian, or person responsible for the child’s welfare, the report should be made to DSS. The report should be made in the county where the child resides or is found.

When the alleged perpetrator is someone not responsible for the child's care, for example, a neighbor or school teacher, the report is made to law enforcement.

When the alleged abuse is perpetrated by an employee of a public or private residential home, institution, or agency, the report must be made to the DSS Out-of-Home Abuse and Neglect Investigation Unit (OHAN). However, DSS does not investigate allegations of abuse and neglect in institutions operated by DSS. When the suspected perpetrator is an employee of an institution or child care facility operated by DSS, the report should be made to The South Carolina Law Enforcement Division (SLED). South Carolina law also provides that SLED investigates allegations of abuse or neglect occurring in institutions or foster homes operated by the Department of Juvenile Justice (DJJ).

Confidentiality

DSS and law enforcement must keep the identity of the person making a report confidential. The law provides only limited circumstances under which the identity of the reporter may be revealed. DSS and law enforcement must share the name of the reporter with one another and the name of the reporter must only be disclosed to the extent necessary to further their respective investigations. If it becomes necessary for the reporter to testify in a trial, it must not be disclosed that the reporter was the individual who made the report.

DSS may release the name of the reporter to the subjects of the report by court order, but only under extremely limited circumstances. The alleged perpetrator in an unsubstantiated case may file an action requesting that the court order the release of the reporter's name. The court will review the case records and may review written arguments or hear oral arguments. The court may then order that DSS disclose the identity of the reporter, but only if the court finds that there is probable cause to believe that the reporter acted in bad faith or maliciously in making the report.

DSS is authorized to summarize the outcome of an investigation to the reporter if requested at the time of the report. DSS has the discretion to limit the information disclosed based upon the reporter’s relationship with the child.
Immunity from Liability

The law creates a rebuttable presumption that mandated reporters have acted in **good faith** in reporting suspected abuse or neglect. Persons required or permitted to report suspected abuse or neglect, or who participate in an investigation or court proceeding as a result of a report, are immune from civil and criminal liability, provided that such persons have acted in good faith. Immunity covers full disclosure of all the facts that led the person to reasonably believe that a child has been or may be abused or neglected.

False or Malicious Reports

It is unlawful to knowingly make a false or malicious report. False or malicious reporting is a misdemeanor and upon conviction, punishable by a fine up to $5000.00 or imprisonment up to 90 days, or both.

Photographs

Mandated reporters may take color photographs of areas of visible trauma on a child who is the subject of a report. Copies of all photographs and negatives must be sent to DSS at the time of the report, or as soon as possible after the report is made.

Detainment by Medical Professionals and Medical Examinations

When a physician or hospital suspects that a child has been abused or neglected, the law authorizes the physician or hospital to detain the child for up to 24 hours until law enforcement arrives to determine if the child should be taken into emergency protective custody. The physician or hospital must make the report to law enforcement and to DSS, and may detain the child only when the physician or hospital believe that releasing the child would place the child’s life, health, or physical safety in imminent danger. Physicians may order x-rays or other medical examinations or tests if medically indicated, without the consent of the child’s parents or guardians.

Privileged Communication

In the interest of protecting children from abuse or neglect, mandatory reporting laws make void the privileged nature of communication between husband and wife, as well as between professional and patient or client. However, communication between attorney and client remains privileged, and communication between clergy and penitent is privileged. The clergy and penitent privilege is limited to confidential communications from the alleged perpetrator of abuse or neglect to an ordained minister, priest, or rabbi when necessary to enable the cleric to discharge the functions of the office according to the usual practice or discipline of the church or religious body.
Processing the Report: The Child Protection System

The purpose of the child protection system is to ensure the safety of children, and to provide supportive intervention to reduce the occurrence of maltreatment. The Department of Social Services (DSS) is responsible for investigating reports of abuse or neglect when the suspected perpetrator is the child’s parent or guardian, or person responsible for the child’s welfare. A person whose contact with the child is incidental, such as a babysitter, is not a person responsible for the welfare of the child as defined by state law. If the person suspected of committing the abuse or neglect only has incidental contact with the child, law enforcement should receive the report. If it is not clear from the report whether the suspected perpetrator has assumed the role of parent or guardian for the child, DSS may use information gathered by law enforcement to determine whether to initiate an investigation. If this information is not available within twenty-four hours of receipt of the report, DSS must begin an investigation.

Investigation and Processing of In-Home Abuse and Neglect Reports

When DSS receives a report of abuse or neglect involving a parent or guardian, the agency must begin its investigation within 24 hours. At the time the report is made, DSS rates the risk of harm to the child to decide an appropriate response time. If DSS determines the child is at high risk, the investigating caseworker will respond in a shorter amount of time. DSS refers reports of sexual abuse to law enforcement within 24 hours. DSS must also refer other reports that involve violations of criminal law to law enforcement.

DSS will notify the parent or guardian as soon as possible after initiating the investigation. During the investigation, DSS, law enforcement, or both, may interview the child and other children in the home outside the presence of their caregivers. These interviews may take place on school premises, at childcare facilities, at the child’s home, or at other suitable locations, as determined by DSS or law enforcement. DSS may also inspect the child’s residence, as well as obtain copies of school, medical, or other records concerning the child. Because of its obligation to preserve and reunify families whenever possible, DSS may implement a safety plan with a family that is being investigated. The safety plan is a temporary agreement between the child’s family and DSS that is designed to prevent removal of the child from the home.

DSS has 45 days to complete its investigation by deciding whether to indicate or unfound the report. However, upon a showing of good cause, this period of time may be extended for 15 days. If the investigation yields a preponderance of evidence to support a finding of abuse or neglect, DSS indicates the report and coordinates services to correct the causes for the abuse or neglect.

An indicated case may result in the name of the perpetrator being entered in the Central Registry of Child Abuse and Neglect. If for any reason the investigation does not yield a preponderance of evidence to support a finding of abuse or neglect, DSS must unfound the report. For cases that are indicated, DSS may devise a
treatment plan and coordinate services for the family without court involvement, or the department may file a complaint in family court seeking a court order requiring the parents to participate in a treatment plan.

When there is to be court involvement, DSS may coordinate services for families without removing the child from the home (an intervention case) or may ask the family court to remove a child and order protective services (a removal case). In all child maltreatment cases brought before the family court, a guardian ad litem will be appointed to represent the best interest of the child.

**Family Court Hearings**

Following is a brief explanation of the various types of hearings held in child maltreatment cases when the alleged perpetrator is the child's parent, guardian, or person responsible for the child's welfare.

**Intervention**

DSS files a complaint in family court. An intervention hearing is held within 35 days of filing the complaint. If the court finds that the child was abused or neglected, DSS provides services to the family under the authority of the court, but the child remains in the home.

**Emergency Protective Custody**

Some children who are in DSS custody are in foster care because a law enforcement officer or family court judge believes their lives, health, or physical safety are in imminent and substantial danger. After a child is taken into emergency protective custody, the child is placed with DSS. DSS then begins an investigation. There is a probable cause hearing within 72 hours of emergency removal to determine whether emergency removal was proper and whether the child should temporarily remain in DSS custody.

**Removal**

Children who are not in imminent and substantial danger, but who have been abused or neglected, may also be placed in foster care. The removal process begins with DSS filing a complaint in family court which asks the court to remove the child from the parent’s home and order protective services. There will be a hearing within 35 days of filing the complaint to determine whether the child is abused or neglected, whether the child should be placed in DSS custody, and what protective services should be offered to the family.
Permanency Planning

Permanency Planning hearings are required for every child in foster care. At a minimum, DSS must initiate permanency planning within 12 months of the child’s entry into foster care. At the permanency planning hearing, the court decides whether:

1. to return a child to his or her parent,
2. to place the child in the custody of a relative (or non-relative),
3. to terminate parental rights, or
4. to place the child in an alternative planned permanent living arrangement

Termination of Parental Rights

The process of terminating parental rights begins with the filing of a complaint asking the court to terminate rights. Legal rights between a parent and a child may be severed when there is at least one statutorily defined reason to terminate parental rights and termination of parental rights is in the best interest of the child.

Investigation and Processing of Institutional Abuse and Neglect

Because the Department of Social Services licenses many child care institutions, the responsibility for investigating these entities is assigned to a special unit within DSS that is not responsible for licensing. When the incident involves the suspected abuse or neglect of a child residing, or being cared for in an institution, and where the person alleged to have abused or neglected a child is an employee of that institution, DSS forwards the report OHAN. In no case does DSS have the responsibility for investigating allegations of abuse and neglect in institutions operated by DSS.

DSS must investigate allegations of abuse or neglect involving a child where the child is in the custody of or is a resident of a residential treatment facility or intermediate care facility for the mentally retarded licensed by the Department of Health and Environmental Control or operated by the Department of Mental Health.

SLED is authorized to receive and investigate reports of institutional abuse and neglect alleged to have occurred in any institution or foster home operated by DJJ or childcare facility operated by DSS.

When DSS receives a report of suspected abuse or neglect where the suspect is an employee of the institution or is a person affiliated with that child caring institution, the investigation shall be initiated within twenty-four hours of receipt of the report. The investigation may include, but is not limited to:

- A viewing of the physical premises where the incident is alleged to have occurred
- Private interviews with the involved child(ren) and any other child(ren) as appropriate;
• Private interviews with the alleged perpetrator(s), administrative staff, and other individuals;
• The review of any documents or records related to the incident;
• A review of any statements or policy or procedure which may have impact on the current or former residents of the facility;
• Exit interview with the proper administrative staff.

The staff of the institution and any other persons DSS deems necessary to its investigation shall make themselves available and cooperate fully with DSS in its attempt to discover the true facts of the incident which is alleged to have occurred. During an investigation of institutional abuse or neglect, DSS is authorized to require the institution to take whatever steps may be necessary to insure the safety of children residing in the institution. To further an investigation, DSS may petition the family court for inspection orders.

DSS shall make its determination as to whether a reported is unfounded or indicated within sixty (60) days of initiating the investigation.

In all cases, upon the completion of its investigation, DSS shall inform, by letter, the chief operating officer or chief executive officer of the institution and the alleged perpetrator of the results of its investigation. DSS may also inform the board and/or law enforcement officials of the results of an investigation.

Information relating to unfounded reports shall be destroyed one year from the date the referral was determined to be unfounded by DSS provided that no further referrals have been received in the interim on the perpetrator.

All reported incidents shall be processed as follows:

• Written notification of referrals will be forwarded to the institution’s chief executive officer, and/or Board chairperson when necessary to assure corrective action.
• Written notification of the results of the investigation shall be sent to the institution and if necessary may also include a request for a case conference to develop a corrective plan of action.
• If a corrective plan of action cannot be reached, DSS may file a petition with family court requesting a hearing within 90 days.
• When the case is indicated for abuse or neglect it is filed in the DSS Central Registry.

After DSS substantiates institutional abuse or neglect, the agency establishes a time frame, not to exceed ninety (90) days, for the institution to develop a written corrective action plan. DSS must also establish a schedule for the implementation of the corrective action plan or the institution must notify DSS when the corrective action plan has been concluded.
During the implementation of the corrective action plan, DSS may require the institution to do what is necessary to eliminate risks of harm to children residing in the institution. DSS may also amend the corrective action plan as necessary to remedy the problems which caused the agency to intervene. In the agency’s discretion, DSS may periodically visit the institution to monitor compliance with the corrective action plan. In addition, to insure compliance with the corrective action plan, DSS may submit the plan to the institution’s staff and/or chief executive officer and may also submit the plan to the agency that licensed the institution.

The institution must fully cooperate with DSS. The matter is not resolved until the appropriate institution staff or chief executive officer notifies DSS that the corrective action plan has been fully implemented.

**Processing the Report: Law Enforcement**

Law enforcement officers become involved in child maltreatment cases in various ways. Law enforcement officers are authorized to place a child into emergency protective custody if there is probable cause to believe the child is in imminent and substantial danger due to abuse or neglect. Law enforcement officers investigate child maltreatment in addition to DSS when the alleged perpetrator is a parent, guardian, or other person responsible for the child’s welfare, and the maltreatment violates the state’s criminal laws. Law enforcement has sole authority to investigate child abuse or neglect when the perpetrator is someone other than the child’s parent, guardian, or other person responsible for the child’s welfare.

Although law enforcement and DSS may coordinate their child maltreatment investigations, the two processes are separate and distinct. The primary purpose underlying law enforcement’s investigation is to determine whether a crime has been committed, and if so, to prosecute the offender.

When law enforcement has probable cause to believe that an individual has committed a crime, the suspect is arrested. A bond hearing will be held and the suspect may be released pending final disposition of the charge. After the bond hearing, there is a preliminary hearing to determine whether law enforcement had probable cause to make the arrest. If so, the grand jury then reviews the case to decide whether the evidence is sufficient to formally charge (indict) the suspect.
If a suspect is indicted, the next hearing is usually the hearing at which a decision will be made concerning the suspect’s guilt or innocence. At this hearing, the suspect may be tried by a jury of his or her peers or may enter a guilty plea. If the suspect is found guilty or if the suspect pleads guilty, he or she may be sentenced to a term of incarceration or placed on probation.

Note: Criminal cases involving suspected offenders under age 17 are handled in a different manner through the juvenile justice system. Contact the Children’s Law Center for further information about this system.

Recognizing Child Abuse or Neglect

The first step in helping abused or neglected children is learning to recognize possible signs of maltreatment. The law does not contain specific injuries or circumstances that require a report. Rather, mandatory reporters must be familiar with indicators and exercise judgment in deciding whether a report is appropriate. Indicators of child maltreatment can be obvious, but are sometimes subtle and difficult to recognize. The presence of indicators does not necessarily mean abuse or neglect is occurring; however, when these signs appear repeatedly or in combination, professionals should take a close look at the situation and consider the need to report. Although child maltreatment can be divided into types (physical abuse, sexual abuse, neglect, and mental injury), it is important to know that these types often occur in combination.

The following material is based on a fact sheet published by the National Clearinghouse on Child Abuse and Neglect, Recognizing Child Abuse and Neglect: Signs and Symptoms (2003).

General Indicators of Maltreatment

Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents’ attention
- Is always watchful, as though preparing for something bad to happen
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, or does not want to go home

Parent:

- Shows little concern for the child
- Treats one child differently from siblings
- Denies the existence of – or blames the child for – the child’s problems
- Asks teachers or other caretakers to use harsh physical discipline if child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
• Demands a level of physical or academic performance the child cannot achieve
• Looks primarily to the child for care, attention, and satisfaction of emotional needs

Signs of Physical Abuse

Child:
• Has unexplained burns, bites, bruises, broken bones, or black eyes
• Has injuries that reflect the shape of an object
• Has bruises in various stages of healing, or on different body planes
• Has bruises on the fleshy parts of the body
• Has fading injuries after an absence from school
• Attempts to hide injuries
• Seems frightened of the parents and does not want to go home
• Shrinks at the approach of adults
• Reports injury by a parent or guardian

Parent:
• Offers conflicting, unconvincing, or no explanation for the child's injury
• Does not seek medical care when needed for the child’s injuries
• Describes the child in a very negative way
• Uses harsh physical discipline with the child
• Has a history of abuse as a child

Signs of Neglect

Child:
• Is frequently absent from or late to school
• Is always hungry; begs or steals food or money
• Is consistently tired
• Has slow physical development or is underweight
• Lacks needed routine or urgent medical or dental care
• Has poor hygiene; is chronically dirty and has a body odor
• Lacks appropriate clothing for the weather
• Abuses alcohol or other drugs
• States that there is no one at home to provide care or supervision

Parent:
• Appears to be indifferent to the child
• Seems apathetic or depressed
• Behaves irrationally or in a bizarre manner
• Is abusing alcohol or other drugs
Signs of Sexual Abuse

Child:
- Child reports sexual abuse
- Has difficulty walking or sitting
- Refuses to change for P.E. or participate in activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite or weight
- Has a sudden change in grades
- Appears withdrawn or depressed
- Demonstrates unusual sexual knowledge or behavior
- Becomes pregnant or contracts a sexually transmitted disease, particularly if under age 14
- Runs away from home

Parent:
- Is unduly protective of the child or severely limits the child’s contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

Signs of Mental Injury (Emotional Maltreatment)

Child:
- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (e.g. parenting other children) or inappropriately infantile (e.g. rocking or head-banging)
- Has attempted suicide or harms self
- Exhibits a lack of attachment to parents

Parent:
- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child’s problems
- Overtly rejects the child

Guidelines for Mandatory Reporters

Children being cared for in institutional settings may be at risk of abuse and neglect from their parents or from someone caring for them in the institutional setting. Mandatory reporters need to be aware that if they observe someone abusing the child in the facility, or if they see indicators that the child is being abused, they need to report. They do not have to have proof. All that is required is a reason to believe.
Responding to a Child

- Listen attentively while the child is talking to you.
- Do not probe for details, particularly concerning sexual abuse. (Proving sexual abuse in court often depends heavily on the child’s statement. Discussing details of the abuse with the child is essentially handling evidence, and should only be done by trained investigators).
- Do not remove clothing to examine the child’s body unless you are a medical professional.
- Do not indicate doubt or disbelief.
- Do not express shock or anger at the possible perpetrator. Children often love the person who mistreats them.
- Tell the child what you will do, for example that you are going to contact DSS and a caseworker will come to talk with the child.
- Do not give the child false assurances, or promise that you will keep the information confidential.

Documentation

- Document the basis of your concerns, including physical and behavioral signs.
- Document the child’s statements to you. Try to use the child’s exact words.
- Document the child’s demeanor while talking with you. Note any signs of fear or distress.
- If you make the report orally, record the date, time, and the person and agency you contacted. If you make the report in writing, keep a copy of the correspondence.
- Be aware that your records concerning the report may be subject to subpoena.

Making a Report

- Make the report as soon as possible after receiving the information which causes you to suspect abuse or neglect. Mandatory reporters cannot “cause” a report to be made by delegating this responsibility to someone else. You must personally make the report.
- You do not need to have conclusive proof. The law requires you to report when you have “reason to believe” a child is being or may be abused or neglected.
- Do not attempt to investigate or excessively question the child. Specially trained DSS caseworkers and law enforcement officers will investigate the allegations.
- In addition to making the report to DSS or law enforcement, follow your employer’s procedures regarding notification of supervisors.
- Collect as much of the following information as possible to convey to the investigating agency: child’s name, age, date of birth, and address; child’s present location; names and ages of siblings, parents’ names and addresses.
- Explain why you are concerned about the child.
• At the time of the report, or as soon as possible thereafter, provide copies of any photographs, negatives, and medical reports to DSS.
• Although reports can be made anonymously, it is often helpful to provide your name and address in the event that further information is needed.
• At the time the report is made, you can request to be notified of the outcome of an investigation.
• After you have made a report, if you learn new information or additional information, report it to DSS or law enforcement.

Contact with Parents

In general, it is best not to contact the child’s parents or suspected perpetrator about your suspicions before making the report. Never accuse a parent of abuse or neglect. You may explain that you are legally required to report based upon the possibility that the child has been or may be harmed.

Follow-Up

Your continued help may be necessary. All professionals and agencies must work together to improve outcomes for children. Be willing to meet with multidisciplinary teams and/or testify in court if requested.

Definitions

**Abandonment:** A parent or guardian willfully deserts a child or willfully surrenders physical possession of a child without making adequate arrangements for the child’s needs or the continuing care of the child.

**Bad Faith:** Implying or involving actual or constructive fraud, or a design to mislead or deceive another, or neglecting or refusing to fulfill some duty or some contractual obligation, not prompted by an honest mistake as to one’s rights or duties, but by some interested or sinister motive.

**Central Registry of Child Abuse and Neglect:** A statewide data system which identifies abused and neglected children and their parents and guardians. The Central Registry of Child Abuse and Neglect is not a public record. Information concerning an individual in the Central Registry can be disclosed only when screening of an individual’s background is required by statute or regulations for employment, licensing, or other purposes.

**Child:** A person under the age of eighteen.

**Child Abuse or Neglect or Harm:** Child abuse or neglect or harm occurs when the parent, guardian, or other person responsible for the child’s welfare:
A. Inflicts or allows to be inflicted upon the child physical or mental injury or engages in acts or omissions which present a substantial risk of physical or mental injury to the child, including injuries sustained as a result of excessive corporal punishment, but excluding corporal punishment or physical discipline which:

1. is administered by a parent or person in loco parentis;
2. Is perpetrated for the sole purpose of restraining or correcting the; child
3. is reasonable in manner and moderate in degree
4. has not brought about permanent or lasting damage to the child; and
   is not reckless or grossly negligent behavior by the parents.

B. Commits or allows to be committed against the child a sexual offense as defined by the laws of this State or engages in acts or omissions that present a substantial risk that a sexual offense as defined in the laws of this State would be committed against the child;

Note: Under South Carolina law, such sexual offenses may involve fondling, intercourse, cunnilingus, fellatio, anal intercourse, or any intrusion, however slight, of any part of a person’s body or of any object into the genital or anal openings of another person’s body.

C. Fails to supply the child with adequate food, clothing, shelter, or education. . . supervision appropriate to the child’s age and development, or health care though financially able to do so or offered financial or other reasonable means to do so and the failure to do so has caused or presents a substantial risk of causing physical or mental injury. However, a child’s absence from school may not be considered abuse or neglect unless the school has made efforts to bring about the child’s attendance, and those efforts were unsuccessful because of the parents’ refusal to cooperate.

D. Abandons the child.

E. Encourages, condones, or approves the commission of delinquent acts by the child and the commission of acts are shown to be the result of the encouragement, or approval; or has committed abuse or neglect as described in subsections (a) through (e) such that a child who subsequently becomes a part of the person’s household is at substantial risk of one of those forms of abuse or neglect.

**Good Faith:** Honesty of purpose, freedom from intention to defraud, and, generally speaking means being faithful to one’s duty or obligation.

**Indicated Report:** Report of child abuse or neglect supported by facts which warrant a finding by a preponderance of evidence that abuse or neglect is more likely than not to have occurred.
**Institution:** Any public or private residential facility and its affiliated group or foster home which provides care or supervision to children under the age of eighteen.

**Institutional Child Abuse and Neglect:** Known or suspected child abuse or neglect where the person responsible for the child’s welfare is the employee of a public or private residential home, institution, or agency.

**Mental Injury:** Injury to the intellectual, emotional, or psychological capacity or functioning of a child as evidenced by a discernible and substantial impairment of the child’s ability to function when the existence of that impairment is supported by the opinion of a mental health professional or a medical professional.

**Person Responsible for a Child’s Welfare:** The child’s parent, guardian, foster parent, an operator, employee, or caregiver of a public or private residential home, institution, agency or childcare facility or an adult who has assumed the role or responsibility of a parent or guardian for the child, but who does not necessarily have legal custody of the child. A person whose only role is as a caregiver and whose contact is only incidental with a child, such as a babysitter or a person who has only incidental contact but may not be a caretaker, has not assumed the role or responsibility of a parent or guardian.

**Physical Injury:** Death or permanent or temporary disfigurement or impairment of any bodily organ or function.

**Preponderance of Evidence:** Evidence which, when fairly considered, is more convincing as to its truth than the evidence in opposition.

**Unfounded Report:** Report for which there is not a preponderance of evidence to believe that the child is abused or neglected.
References

South Carolina Code Ann. (Supp. 2006)

§ 20-7-490 Definitions
§ 20-7-510 Persons required or permitted to report; method, confidentiality
§ 20-7-612 Authority of officers in all counties and municipalities
§ 20-7-560 Penalties
§ 20-7-690 Confidentiality of reports and records, penalties
§ 20-7-695 Retention and disclosure of unfounded reports
§ 20-7-540 Immunity from Liability
§ 20-7-570 Bad faith or false reporting; civil action; fees
§ 20-7-567 Knowingly making false report of abuse or neglect; penalties
§ 20-7-530 Photographs and x-rays; other medical examinations
§ 20-7-618 Detainment of child by medical professional
§ 20-7-550 Abrogation of privileged communication; clergy and penitent privilege
§ 20-7-610 Emergency protective custody
§ 20-7-736 Jurisdiction of family court; removal proceedings; procedures
§ 20-7-738 Intervention and provision of services without removal of custody
§ 20-7-766 Permanency planning hearings
§ 20-7-680 Central Registry of Child Abuse and Neglect
§ 16-3-651 Criminal Sexual Conduct Definitions
§ 16-15-140 Committing or attempting lewd act upon a child under sixteen
§ 20-7-670 Institutional Abuse and Neglect

S.C. Regs. 114-4510 Child Protective Services Involving Institutions Generally

Black's Law Dictionary