

# MUI Rule Training 2012

## MUI/Abuser Registry Unit



# MUI Rule

## Ohio Administrative Code

### 5123:2-17-02





# ***MUI Means...***

- Alleged, suspected or actual occurrence
- Reason to believe a person is at risk of harm based on facts present not opinion
- Receiving services or will be as a result of incident



# *Physical Abuse*

- Physical force
- Reasonably be expected to result in harm

***Examples:** Hitting, slapping, pushing, dragging or throwing an object when the allegation indicates that it could reasonably result in harm.*

# ***Physical Abuse Trends 2011***

1497 Allegations were reported and 412 (28%) were substantiated. Break down by PPI Type is as follows:

- Family-114 (28%)
- Employees-111 (27%)
- Others-113 (27%)
- Unknown-66 (16%)
- Guardian-8 (2%)

Cause/Contributing Factors:

- Control, mean, unrealistic expectations, retaliation, intimidation for covering up theft



# **Verbal Abuse**

- Purposeful use of words or gestures
- Threaten, coerce, intimidate, harass, humiliate

# ***Verbal Abuse Trends 2011***

**843 Allegations were reported and 302 (36%) were substantiated. Break down by PPI Type is as follows:**

- **Employees-157 (52%)**
- **Others-93 (31%)**
- **Family-35 (12%)**
- **Unknown-14 (5%)**
- **Guardian-3 (less than 1%)**

**Cause/Contributing Factors:**

- **Control; unrealistic expectations**
- **Staff are in challenging situation with little support**
- **Staff are scheduled an excessive amount of hours**



# *Sexual Abuse*

- Unlawful sexual contact
- Unlawful sexual conduct
- Public indecency, voyeurism, importuning, etc.

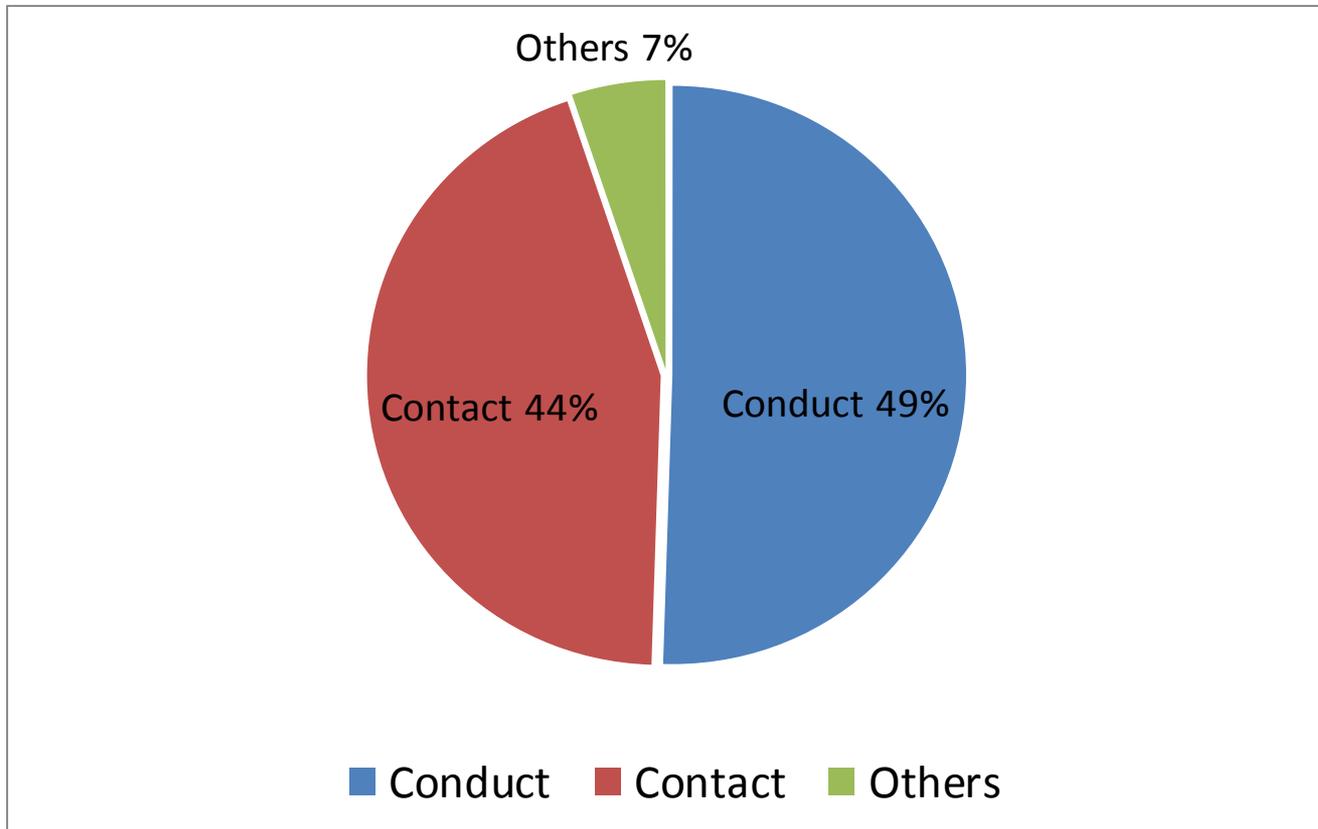
# ***Sexual Abuse Trends 2011***

333 Allegations were reported and 67 were substantiated (20%). Break down by PPI:

- Others-41 (61%)
- Family-16 (24%)
- Unknown-6 (9%)
- Employees-4 (6%)
- Guardian-0
- Payee-0

# Sexual Abuse 2011

## Percentage of Conduct vs. Contact Cases





# *Misappropriation*

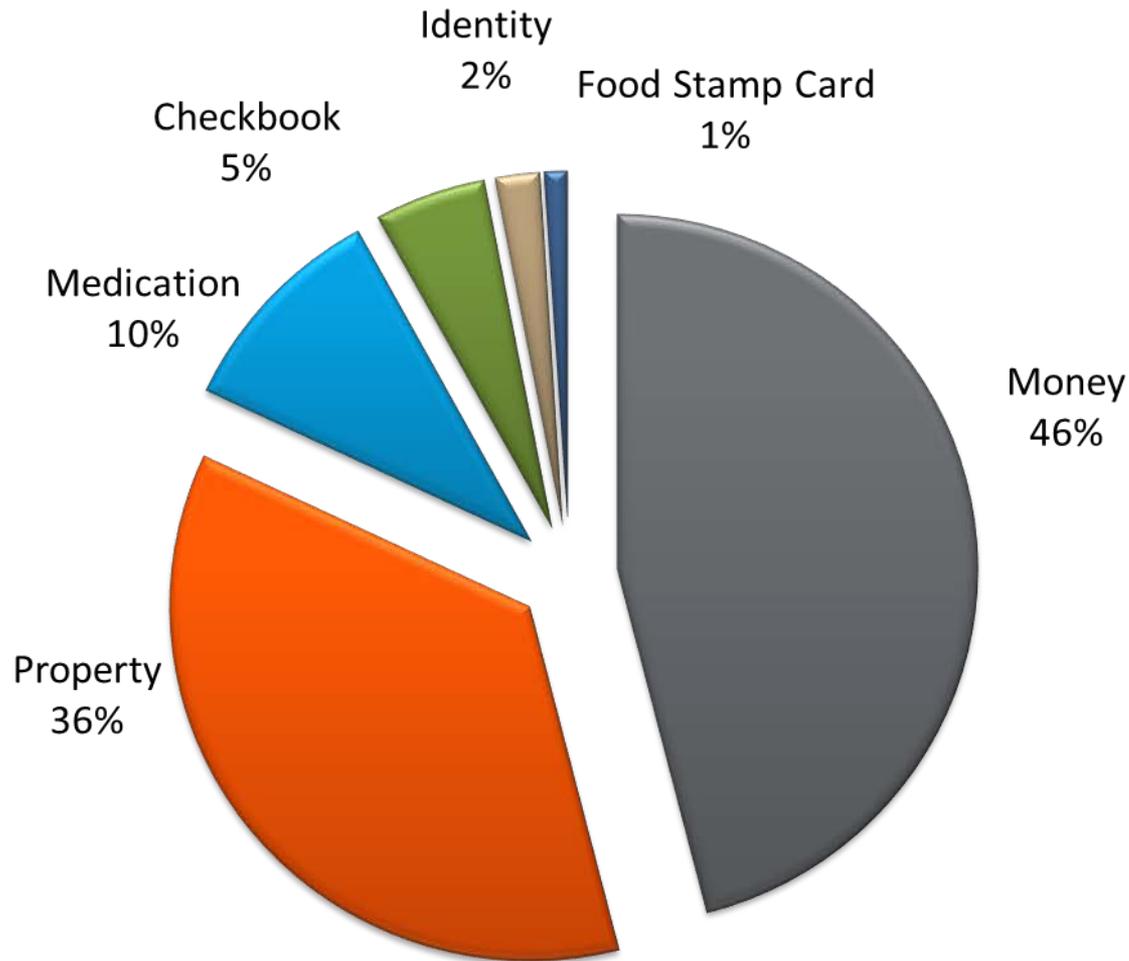
- With intent
- Deprive, defraud, or otherwise obtain real or personal property
- As prohibited in Ohio Revised Code 2911 and 2913

# ***Misappropriation Trends 2011***

1469 Allegations were reported and 903 were substantiated (61%). Break down by PPI:

- Unknown-504 (56%)
- Employees-226 (25%)
- Others-104 (12%)
- Family-55(6%)
- Payee-14 (1%)

# *What is being stolen?*



78% of the substantiated incidents occurred in the individual's home, 13% occurred while out in the community, and 4% occurred at work. This data is fairly consistent with the 2009 data.



# *Neglect*

- A duty
- Failing to provide treatment, care, goods, supervision or services
- Results in a reasonable risk of harm
- What is Reasonable Risk?
  - Harm more likely than not could occur

# ***Neglect Trends 2011***

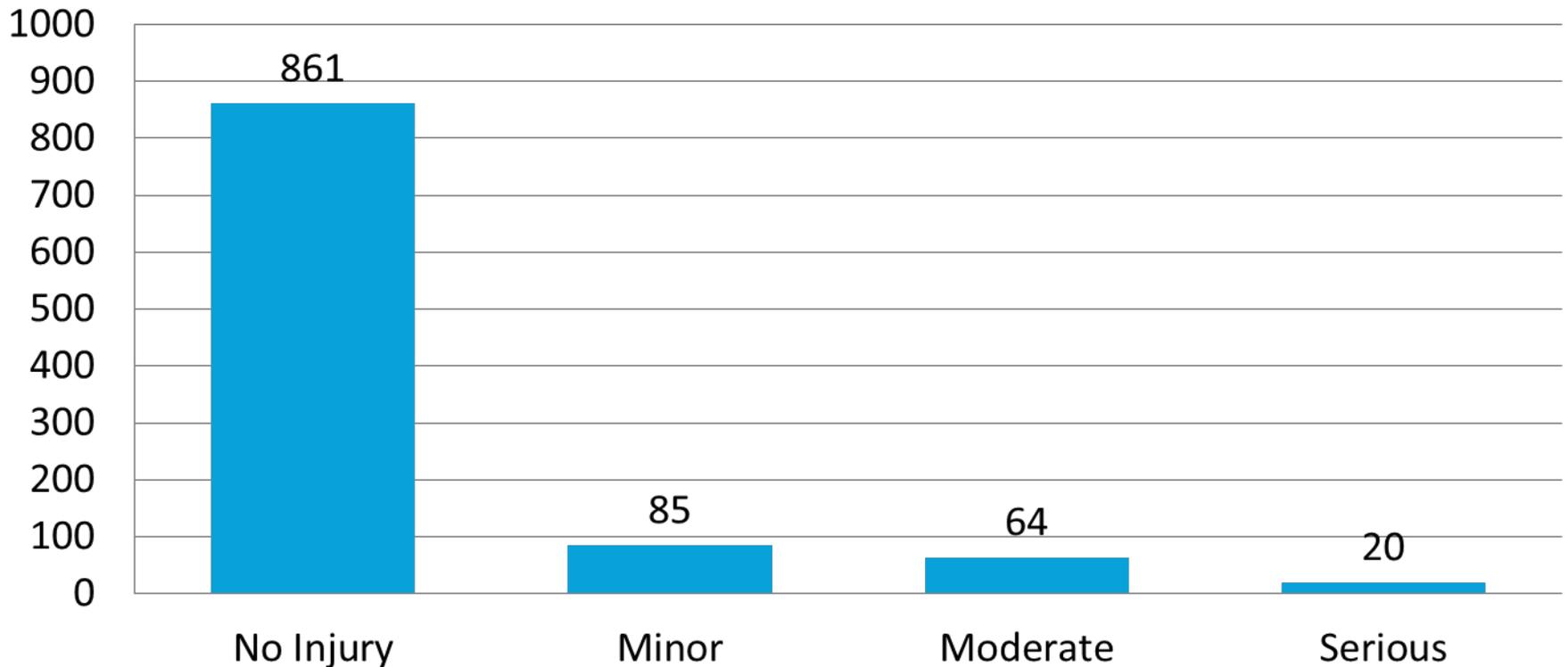
1762 Allegations and 1030 Substantiated Cases (58%). Break down by PPI:

- Employees-84%
- Others-4%
- Family-10%
- Guardian-2%

# ***Neglect***

- Failing to provide supervision made up 62% of all substantiated neglect cases.
- Failing to provide treatment was 38% of all substantiated 2011 cases.

# *Level of Injury From Neglect*



*Minor – Did not affect day-to-day activities, e.g., broken toe, fingers, sutures, splint, wrap.*

*Moderate – Did affect day-to-day activities, e.g., missed work, crutches, casts, adaptive equipment, bed rest.*

*Severe – Injury required hospitalization, off weeks from work.*

*None – no injury.*

# Causes / Contributing Factors

Supervision Levels are not met by:

Scheduling Problems; Impaired Staff

Employee / No Shows / Planned sleeping/leaving

Not following supervision levels (i.e., community, mealtimes). No training or lack of training on supervision levels (1:1, 24-7 eyes on, etc.) Risk of Harm?

Medical attention – will not call 911

Dietary Texture, Pacing

# Causes / Contributing Factors

Criminal activity – not feeding/medication

Failure to follow ISP.

Failure to follow Doctor's orders.

Lack of training on treatments (i.e., turning schedule, monitoring treatments).

# ***Health & Safety Alert #51-03-10***

## ***Health and Well Being is Priority One***

### ***What does this mean?***

- **This means that if any individuals are exhibiting signs and symptoms of a serious medical condition, a call to 911 is made immediately. The family contacts, management calls, and other notifications should be made after an assurance that the health and welfare of the individual has first been addressed.**
- **Discussion should occur annually at each individual's Individual Service Plan (ISP) meeting related to emergency medical treatments. In many cases, families and guardians sign emergency medical consent forms to assure that immediate medical attention is provided as necessary. Often these forms contain the name of the preferred hospital and physician. Generally speaking, boards and providers should not agree to delay calling 911 until the guardian or family is first notified. If a guardian or family has special concerns regarding medical care, these should be addressed at the ISP meeting and in the ISP itself.**

# **Medical Emergency**

Emergency medical intervention required to save one's life includes Heimlich Maneuver, CPR, and IV for dehydration, etc.

# ***Medical Emergencies-2011***

631 Medical Emergencies were filed in 2011 which is an increase from 596 in 2010.

- Heimlich and Back blows were used 289 and 75 times respectively accounting for 58% of all medical emergencies. These interventions were successful in all but 6 incidents when the individual died due to choking
- 65 were due to dehydration, which is the 2<sup>nd</sup> highest category



# *Attempted Suicide*

Physical attempt that:

1. Results in ER treatment

**or**

2. Inpatient observation

**or**

3. Hospital admission



# **Deaths-2011**

## All deaths of individuals served

- There were 802 reported deaths in 2011 resulting in a crude mortality rate of 888. (per 100,000) compared with Centers for Disease Control preliminary 2010 data which was 798.7 for overall deaths
- Heart disease continues to be the leading cause of death for Ohioans with disabilities (15%) as well as the general population.
- The average age of the 802 individuals who died in 2011 was 50.42 years compared to the average populations life expectancy is 78.5 years (CDC).

# ***Death Trends***

- Pneumonia and aspiration pneumonia continue to make up the next largest causes of death.
- Men continued to have a higher mortality rate (54%) than women (46%).
- Individuals residing in a licensed facility had the highest mortality rate. Often individuals who reside in licensed facilities have higher medical needs.
- Incidents of cancer related deaths accounted for 8 % of all individuals who died in the system.
- The Mortality rate among individuals with disabilities is higher than general population.

# **Every Healthy Person**

The “*Every Healthy Person*” initiative is a joint effort between the Ohio Department of Developmental Disabilities (DODD) and the Ohio Department of Health (ODH) to focus attention on the importance of preventive healthcare, including periodic health care screenings, for people with developmental disabilities. The joint initiative complements [Healthy Ohioans](#)—a statewide health and wellness plan to replace unhealthy habits with healthy ones.



# **Exploitation**

- Unlawful or improper act
  - Using individual
  - Individual's resources for personal benefit, profit, or gain



## **Failure to Report (Registry)**

- Developmental Disabilities employee unreasonably failed to report Abuse or Neglect
- Knew or should have known
- Failure would result in a substantial risk of harm

# *Known Injury*

- Known cause
- Not Abuse or Neglect
- Requires:
  - A. Immobilization or casting
  - B. Five or more sutures or equivalent
  - C. 2<sup>nd</sup> or 3<sup>rd</sup> degree burns
  - D. Dental injuries
  - E. Injury that prohibits participation in daily routine tasks for more than 2 consecutive days

# ***2011 Known Injury Stats***

There were 1247 reported known Injuries.

- Seizure – 77 (6%)
- Peer/Peer – 17(1%)
- Medical – 32(3%)
- Falls – 733 (59%)
- Behavior – 115 (9%)
- Accident – 273(22%)

# ***Health & Safety Alert***

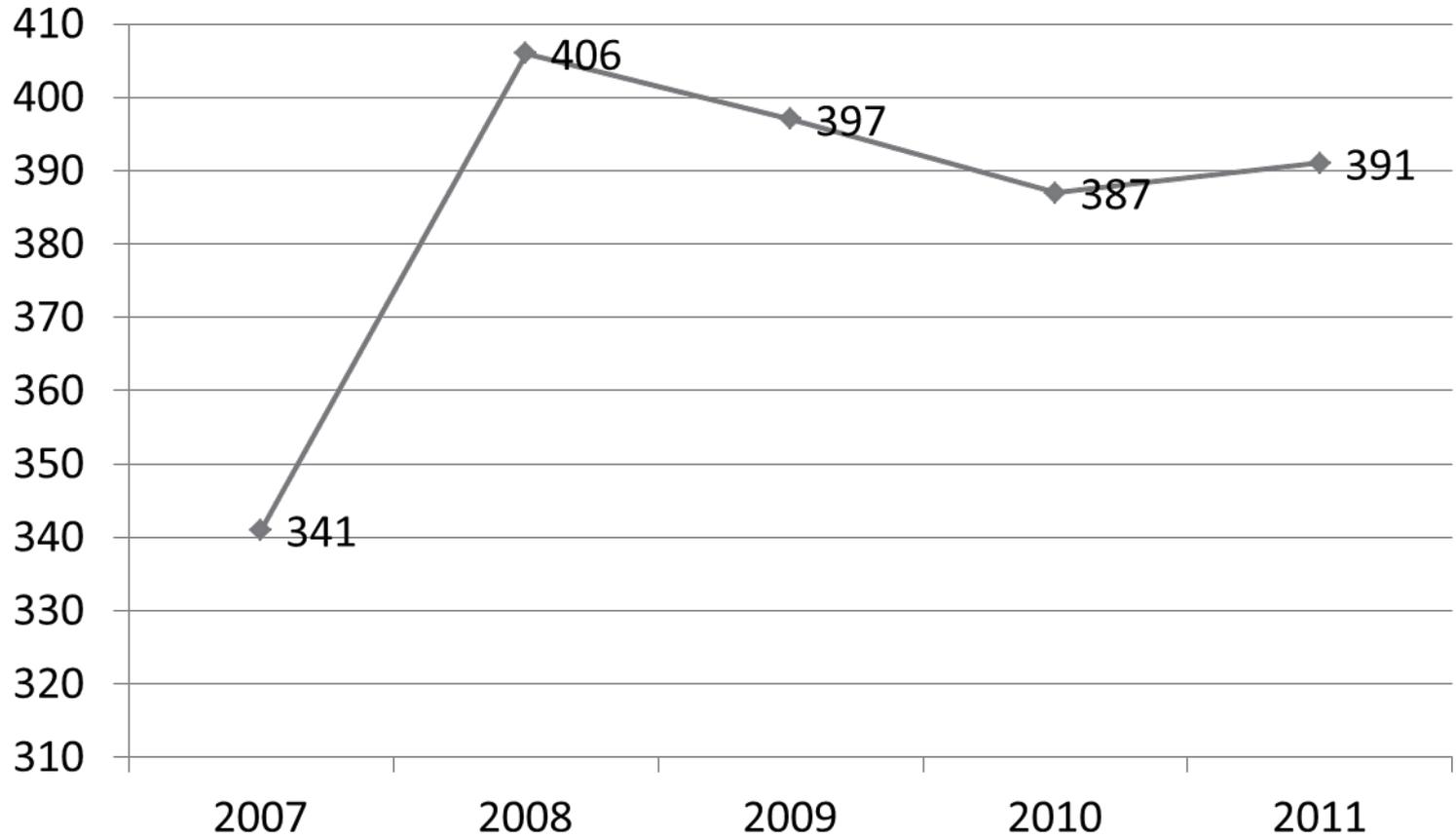
## ***#20-04-12 / Falls***

- Falls accounted and 45% of all injuries reported as MUIs in Ohio last year. There are numerous other falls without injury or only minor injury that also occur and result in an unusual incident.
- Falls are a significant issue for individuals with developmental disabilities, and each fall has the potential for resulting serious harm.
- Falls can occur as a result of both internal and external factors.

# **Unknown Injury**

- Unknown cause
- Not Abuse or Neglect
- Requires treatment that only a physician, physician assistant, or nurse practitioner can provide

# *Unknown Injury*



# **Law Enforcement**

Individual is: charged (C)

incarcerated (I)

arrested (A)

# **Missing Individual**

- Has been reviewed for neglect
- Not located per ISP and actions identified in plan and in search of immediate surrounding area

**OR**

- Circumstances indicate immediate jeopardy

**OR**

- Law enforcement was called to assist



# *Peer-to-Peer Acts*

- One individual against another
- Physical Abuse with intent to harm
- Verbal Abuse with intent to threaten, coerce, intimidate, harass or humiliate
- Any Sexual Abuse
- Any Exploitation
- Any intentional Misappropriation of significant value

# *Peer to Peer Overview*

	2009	2010	2011
Physical	1076	1234	1433
Sexual	295	307	341
Verbal	187	236	397
Misappropriation	118	134	127



# **Prohibited Sexual Relations**

- Developmental Disabilities employee
- Consensual sexual conduct or contact
- With an individual who is not their spouse
- Employed or under contract to provide care to the individual at the time of the incident
- Anyone in the Developmental Disabilities employee's supervisory chain of command

# **Rights Code Violation**

Any violation of rights listed in Ohio Revised Code 5123.62 and it creates a reasonable risk of harm

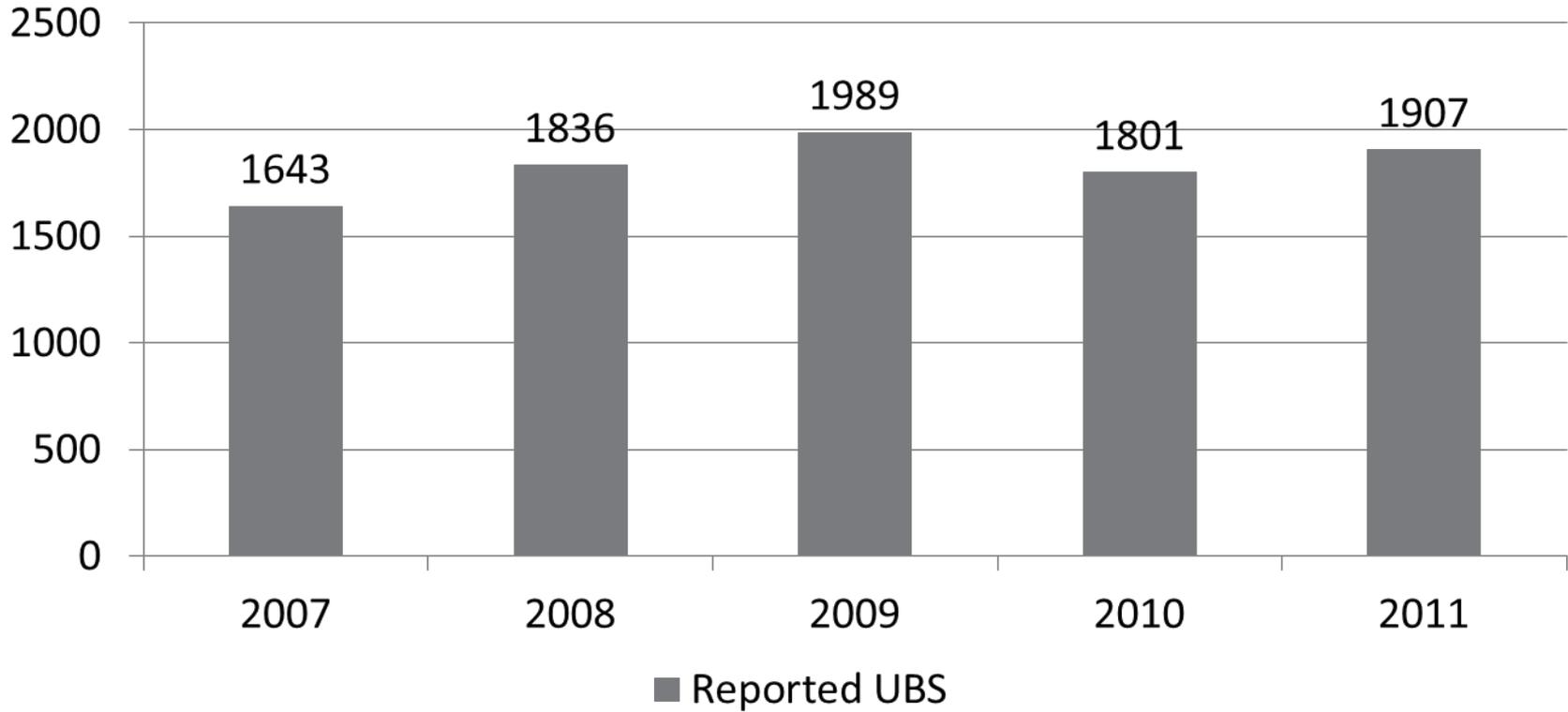


# *Unapproved Behavior Support*

- Any adverse strategy or intervention
- Implemented without approval by committee and guardian or without informed consent

# Unapproved Behavior Supports

Reported UBS



# **Unscheduled Hospital-2011**

- Hospital admission that is not scheduled

## **Unless**

- Due to condition specified in ISP or nursing care plan
- Specific symptoms and criteria must be listed that lead to hospitalization

# *Unscheduled Hospitalizations*

There were 4,426 unplanned hospitalizations in 2011 which is a slight increase of 2% over the previous year. As in the past, unscheduled hospitalizations represent the largest category of all reported MUIs at 23%. Unplanned psychiatric hospitalizations account for 724 (16%) of all unplanned hospitalizations while medical hospitalizations make up 3702 (84%).

The Major Causes of Unplanned Hospitalizations were:	
Pneumonia and Influenza (816) 18%	Chest Pains (156) 4%
Psychiatric (724) 16%	Heart Problems (132) 3%
Infection (550) 12%	Impaired Respiration (131) 3%
Seizures (236) 5%	Bowel Obstruction (127) 3%

# **(D) Reporting Requirements**



## **(D)(3) Upon Identification or Notification of MUI, Provider or County Board Shall:**

- Take immediate actions to protect all at risk individuals which shall include:
  - A. Immediate or ongoing medical attention as appropriate
  - B. Remove employee from direct contact until determined unnecessary
  - C. Other measures as necessary
- The Department shall resolve any disagreements



## **(D)(4) County Board Upon Notification Shall:**

- Ensure reasonable measures are appropriate
- Determine if additional measures are needed
- Notify the Department if circumstances in Paragraph I of this rule are present requiring a Department directed investigation



## **(D)(5) Immediate to 4 Hour Reporting**

- Provider or county board as a provider
- Using county board identified system for MUIs
- Report incidents or allegations of:
  - Abuse
  - Neglect
  - Exploitation
  - Misappropriation
  - Suspicious or accidental death
  - Media inquiries



## **(D)(6) Submit Written Incident Report by 3:00 p.m. the Next Working Day**

- Agency providers and county boards as providers
- Department prescribed format
- Individual providers notify county board contact person
- Potential or determined MUI



## (E) Alleged Criminal Acts

- Immediate reporting to law enforcement
- Allegations of Abuse including Misappropriation and Neglect which may constitute a criminal act
- The county board ensures notification has been made

# **(F) Abused or Neglected Children**

- Allegations of Abuse or Neglect per Ohio Revised Code 2151.03 and 2151.031
- Under the age of 21
- Report to local public children's agency
- The county board shall ensure reports have been made

# ***Abuser Registry***

- **Prevents persons who were DD employees from working in this field**
- **Currently 417 people placed on the Abuser Registry**

# ***How can I get on it?***

**By committing acts of:**

- **Abuse**
- **Neglect**
- **Misappropriation**
- **Failure to Report**
- **Prohibited Sexual Relations**

# *Is It All Cases of Abuse/Neglect, etc?*

- **Registry Definition**

- **Proof Levels**

# *Abuser Registry*

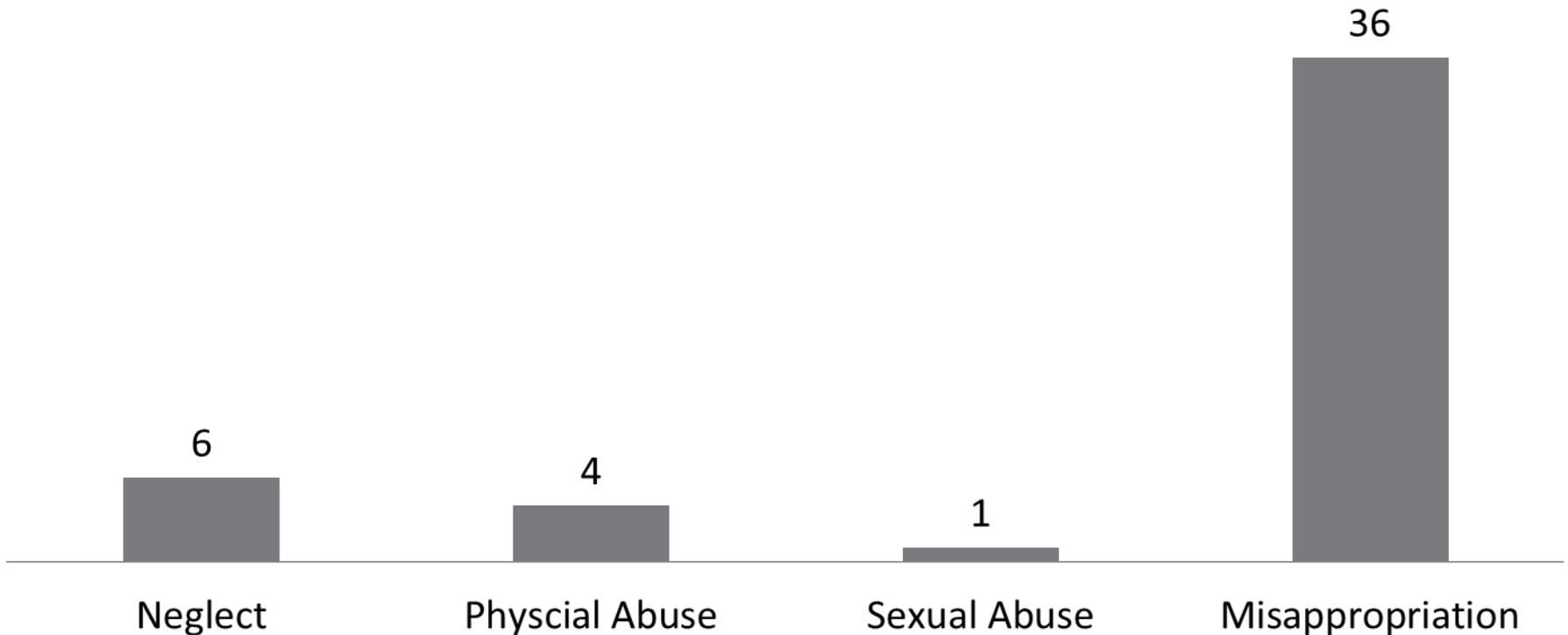
- **Knowingly – Aware that conduct will probably cause a certain result**
- **Recklessly – Heedless indifference to the consequences.**
- **Negligently – Substantial lapse in care, failure to perceive or avoid risk**

# ***Abuser Registry Process***

- All Substantiated cases are screened after being closed on ITS
- Registry Investigators review the entire file
- If it meets criteria goes to External Committee
- Notified by Certified Mail
- Opportunity for a Hearing / Affidavit
- Final decision made by Director
- If decision is for placement, name goes on the list

# *Abuser Registry Placements*

There were 47 people placed on the registry in 2011 and 0 removals.



# ***Health & Safety Alerts***



# ***Health & Safety Alerts issued 2011***

- 18-03-11-Choking
- 51-05-11-Health and Safety is Priority One
- 44-05-11-Transition Issues (Red Flags when changing provider or settings)
- 2-05-11-Keeping Safe in the Summer-Part One
- 2-05-11-Keeping Safe in the Summer-Part Two
- 55-07-11-Medication Administration
- 31-10-11-Preventing the Flu (revised)
- 32-10-11-Misappropriation
- 32-12-11-Bathtub Drowning

# Choking #18-03-11



# Choking

- Educate caregivers on the importance of mealtime safety
- Provide quality first aid training
- Make supervising all individuals at mealtime a high priority
- Improve accountability by assigning point people for mealtime monitoring
- Be especially watchful at mealtime for individuals with concerns related to eating style (e.g., eating too fast or overstuffing food)

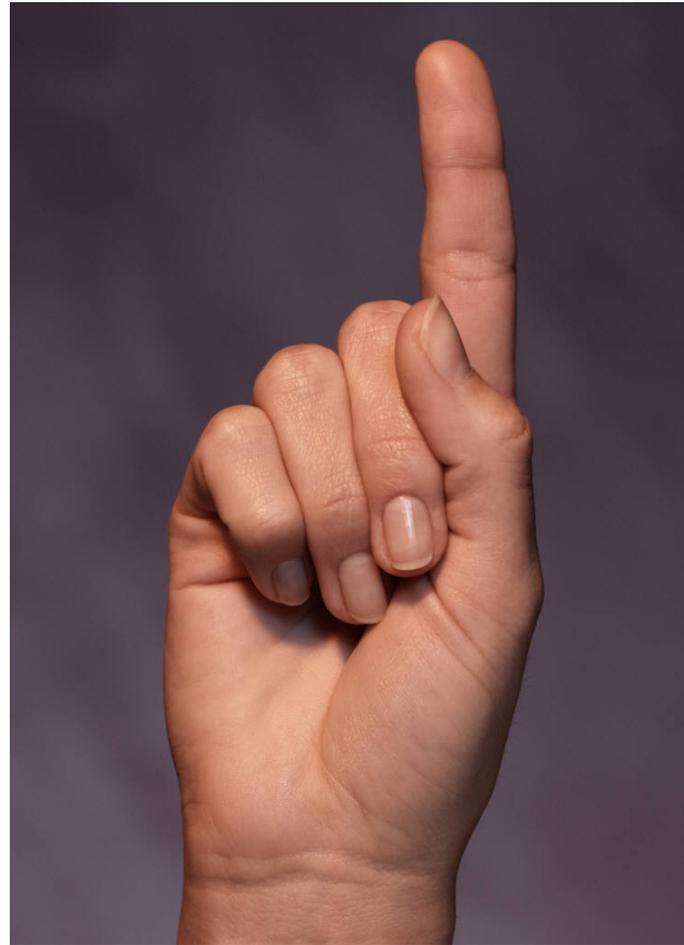
***Well trained staff save lives!***

# Choking

- An assessment of eating/swallowing skills may be needed. Typically this is completed by an Occupational Therapist or Speech Language
- Include “mealtime concerns” as a topic at all staff meetings
- Provide administrative oversight during mealtimes
- Assure that diet textures are followed for activities away from home and plan in advance (e.g.: Fairs, Shopping, Picnics, etc...)

# Health and Safety Priority 1!

#51-05-11



# Health and Safety is Priority 1

## *What does this mean?*

- **This means that if any individuals are exhibiting signs and symptoms of a serious medical condition, a call to 911 is made immediately. The family contacts, management calls, and other notifications should be made after an assurance that the health and welfare of the individual has first been addressed.**
- **Discussion should occur annually at each individual's Individual Service Plan (ISP) meeting related to emergency medical treatments. In many cases, families and guardians sign emergency medical consent forms to assure that immediate medical attention is provided as necessary. Often these forms contain the name of the preferred hospital and physician. Generally speaking, boards and providers should not agree to delay calling 911 until the guardian or family is first notified. If a guardian or family has special concerns regarding medical care, these should be addressed at the ISP meeting and in the ISP itself.**

# ***Transition Issues***

***#44-08-10***



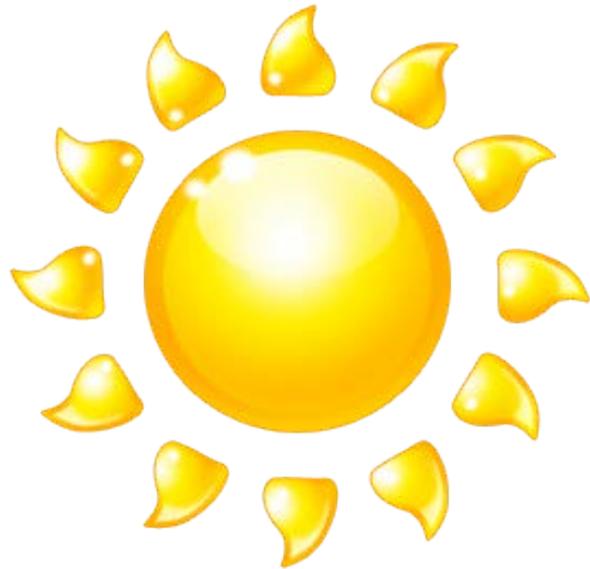
# **Transition Issues**

- Ensuring that the receiving provider, including the direct support professionals, are clearly apprised of and ready to meet the individual's needs.
- Direct support professionals who have worked directly with the individual need to be actively involved in the transition process.

# **Transition Issues**

- Changes in caregivers
- Move to a different home (environment)
- New medication or system
- New roommate or housemate
- Change in supervision (BSP)
- Change in diet/texture
- Change in services provided
- Job change
- Change in service coordinator
- New pharmacy provider
- Hospitalization
- Retirement

# ***Keeping Safe in the Sun***



# *Keeping Safe in the Sun*

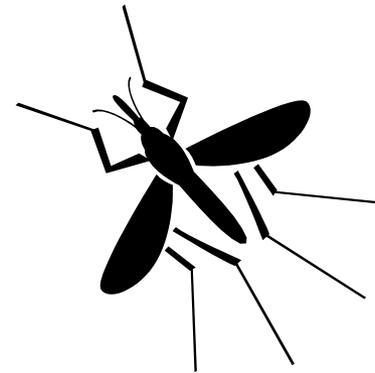
**Protect against:**

- **Sunburn**
- **Dehydration**
- **Sun Stroke and Heat Stroke**

*Planning can make all the difference*

## ***Part 2 - Keeping Safe in the Sun***

- Food Poisoning
- Creepy Crawlers & Flying Critters
- West Nile Virus
- Water Safety Rules
- Summer Camps
- Barefoot/Sandals
- Outdoor Grills



# ***Medication Administration***

***#55-07-11***



# ***Medication Administration***

Before a DD personnel pass any medications to any person they must have appropriate certification and training and be sure to know the following about each of the medications:

- What the medication is
- What is it used for
- What is the expected outcome
- Are there any special instructions or precautions related to giving the medication or to the person taking the medication
- What are potential problems or side effects
- Who to call if there are problems or the expected outcome does not occur

This information can be obtained through pharmacy handouts, physician instructions, a medication handbook (such as the Nurse's Drug Handbook), or other reputable source. This information should be in writing and available at all times.

# ***Steps towards Safe and Successful Medication Administration***

- 1) Communicate well: Confirm who is getting the prescription filled and who is administering the medication. Assure that prescriptions are picked up promptly from the pharmacy and are available to the person who is giving the medication when needed.
- 2) Check the medications: Each container from the pharmacy should be checked to assure that the medication is correct, the dosage accurate, and that the pharmacy's description of the medication matches what is in the container.
- 3) Accurately document information on the MAR: Specific follow up checking must occur to make sure the MAR information is entered correctly and medication administered properly. If the MAR and the medication container do not match, find out which is right before giving the medication to the individual.

# ***Medication Administration***

Unlicensed personnel are only authorized to transcribe onto the MAR from pharmacy label containers, (Except for dosage changes to current medications, or prescribed directions for over-the-counter medications).

4. Assure that the correct medications are given to the correct person: If you don't know with certainty, always ask before giving a medication.

5. Secure medications appropriately: Medication theft and unplanned consumption of medications are ongoing risks that must always be assessed. Access to medications should be limited to prevent hazards or abuse. Controlled substances should be regularly accounted for.

# ***Medication Administration***

6. Have a back up plan in place: Someone else should be prepared to give medications if the person responsible for medication administration cannot be there at the time the medication needs to be given.

7. Always assure the 5 RIGHTS for every medication: Confirming these rights will help assure that medication administration occurs without error.

The procedures for correct medication administration can be found in the DODD Medication Administration Curriculum on the DODD website:

<http://dodd.ohio.gov/health/masresources.htm#curriculum>

# ***Preventing the Flu #31-10-11***



# ***Preventing the Flu***

*People at High Risk for Complications From the Flu Include:*

- *People 65 years and older;*
- *People who live in nursing homes and other long-term care facilities that house those with long-term illnesses;*
- *Adults and children 6 months and older with chronic heart or lung conditions, including asthma;*
- *All children 6 to 23 months of age;*
- *People with any condition that can compromise respiratory function or the handling of respiratory secretions (that is, a condition that makes it hard to breathe or swallow, such as brain injury or disease, spinal cord injuries, seizure disorders, or other nerve or muscle disorders.)*

# *Preventing the Flu*

- ***Avoid close contact.*** Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- ***Stay home when you are sick.*** If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.
- ***Cover your mouth and nose.*** Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- ***Clean your hands.*** Washing your hands often will help protect you from germs.
- ***Avoid touching your eyes, nose or mouth.*** Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

**If you do not have a personal physician, local Departments of Health often offers flu shots at a reasonable cost.**

# ***Preventing the Flu***

*The single best way to protect against the Flu is to get vaccinated each fall.*

*A person with a developmental disability in Ohio was 31% less likely to have had a Flu vaccination within a year when compared to the national average.*

*In the '08-'09 report, 38.6% of respondents had a Flu vaccine. Through the Swine Flu epidemic, covered in the '09-'10 survey affirmative responses grew to 41.4%. As we move into another Flu season, we do not want to lose this momentum.*

# ***Winter Weather #52-11-11***



# Winter Weather

*Always wear the following to avoid cold related complications:*

- *Dress in layers of loose, dry clothing.*
- *Be sure to have a heavy winter or water/wind resistant coat and boots.*
- *Be sure to cover hands, feet, face, nose, and head very well. A warm hat (hood is critical as up to 40 percent of the body's heat is lost if your head isn't covered).*
- *Wear a hat, scarf, and mittens/gloves*

*Avoid:*

- *Hypothermia*
- *Frostbite*

# Winter Weather Precautions

- Avoid going outside without proper clothing including hats and gloves.
- Don't stay outdoors too long in the extreme cold.
- Make sure individuals are well supervised so accidental exposure to extreme temperatures is avoided.
- Understand first aid for Frostbite and Hypothermia so immediate attention can be given in an emergency situation.
- Prepare in advance when conducting outdoor activities and trips. Take along extra clothing, blankets, warm liquids, etc.
- Be very careful with any heating elements. (Space heaters, fireplaces, furnaces, etc.) Assure that all are in good working order before being used for the winter.
- Avoid walking on frozen ponds or lakes unless the ice has been checked and is safe.

# ***Misappropriation #32-10-11***



# Misappropriation

- Secure cash appropriately and reconcile accounts routinely to make sure expenses are tracked appropriately and balances are accurate.
- Protect individual's personal / private information to avoid identity theft. Avoid allowing too many people access to personal private information within the ISP. Assure that a shredder is available to appropriately discard personal / private information.
- Inventory and track larger, more expensive items like electronics and furniture to protect individual's property.
- Store medications securely and safely. Monitor the distributions of medications via the MAR or actual medication administration observation. Avoid overstocking any medications.

# Misappropriation

- Assist individuals to protect themselves. Provide education and training regarding the dangers of sharing information with strangers, inviting strangers into your home and lending money to people you really don't know. Teach skills to protect individual's personal and private information. Make sure that individuals know how to report a potential theft. Assure access to appropriate phone numbers (local law enforcement, county board SSA, county board investigative agent and the department of developmental disabilities hotline number.)
- Provide training to all providers of service reminding them of the importance of protecting individual's finances and property. Reminders through training should include the fact that theft from a disabled individual is elevated to a felony offense and can also result in placement on the State of Ohio's Abuser Registry.

# Bathtub Drowning #32-12-11



# Bathtub Drowning

- Drowning is one of the leading causes of death in 1-4 year olds.
- For every child that drowns, another 4 are hospitalized and 16 receive emergency care for near-drowning.
- A majority of bathtub drowning victims drown during a brief (less than 5 minutes) lapse in supervision.
- Children may drown in an inch or two of water.
- Non-fatal drowning can cause brain damage which results in long-term disabilities.

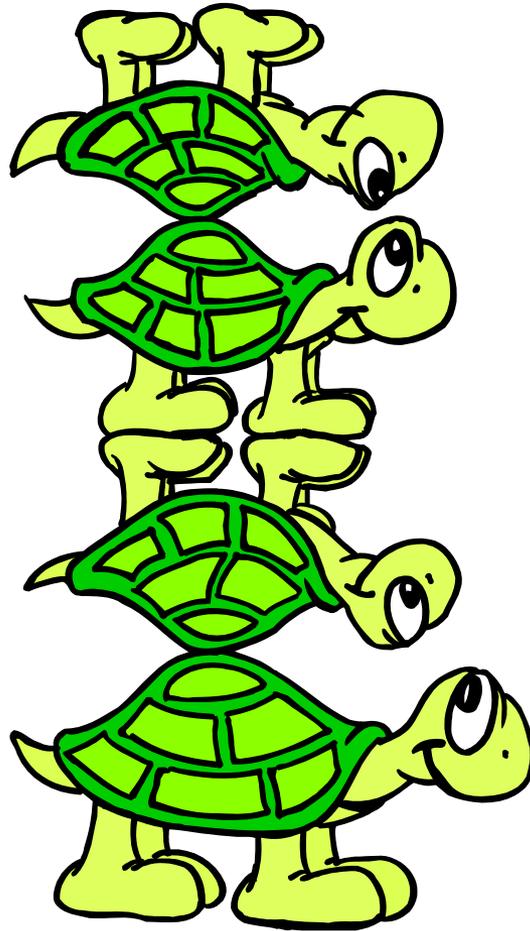
# Drowning

- For persons with seizure disorders, drowning is the most common cause of unintentional injury death.
- Bathtub drowning occurs because of a lack of adult supervision. Adult supervision means direct visual contact without other distracting activities.
- A person will lose consciousness 2 minutes after submersion with irreversible brain damage occurring in 4 to 6 minutes.
- Never leave an at risk child or adult unattended in the bathtub for any reason.

# Prevention is Key!

- Don't run to answer the phone.
- Don't check to see who is at the door.
- Don't leave siblings or unfamiliar caretakers to watch them.
- Don't rely on bathtub seats or rings. They create a false sense of security for the parent or caregiver.
- Get all of your supplies and clothing items ready before entering the bathroom.

# *Unusual Incidents*



# ***What is considered an “Unusual Incident”***

- Event not consistent with routine operation, policy and procedure, or care or plan for the individual
- Includes but not limited to:
  - Medication errors
  - Falls
  - Peer-to-peer that are not MUIs
  - Overnight relocation
  - Series of pattern or trend
  - Other Examples?

# ***Who Must Write Incident Reports?***

- Any person who provides any type of service to an individual with developmental disabilities
- Includes, but not limited to:
  - Direct Care Staff (residential & workshop)
  - SSAs
  - Bus Drivers/Bus Monitors
  - Job Coaches
  - Work Supervisors
  - Nurses
  - GR Workers
  - Volunteers



# ***Elements of an effective Incident Report***

- Who – Staff and individuals involved in the incident
- What – What happened before (antecedent), during (detailed account) and after (immediate action) the incident
- When – Date and time of incident
- Where – Location of the incident

# *Immediate Actions*

- Always document what actions were taken following the incident
  - Assessed for injuries
  - Called 911
  - Initiated first aid
  - Separated the individuals
  - Notified law enforcement
  - Notified the county board/IA

# *Prevention Plan*

- All UI's require a prevention plan
- All UI logs need prevention plans
- A good prevention plan may prevent an MUI.
- Is this a UI trend?

***THANK YOU!***

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MUI Unit

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Abuse/Neglect Hotline  
1-866-313-6733