



**GUIDELINES FOR
MANDATORY REPORTING OF
SUSPECTED CHILD ABUSE
BY PUBLIC HEALTH PERSONNEL**

County Board of Health

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A. INTRODUCTION

Child abuse is a devastating social problem affecting millions of children and families. The term child abuse is sometimes used to refer to a range of abusive behaviors including physical abuse, emotional abuse, neglect, and sexual abuse.

B. OVERVIEW

The County Board of Health is committed to preventing and reducing child abuse. The purpose of this document is to provide guidance to public health employees in identifying and reporting suspected child abuse. This is intended for all public health employees, regardless of their work assignment, and it meets the mandate of the Georgia Child Abuse Reporting Law, O.C.G.A. § 19-7-5. Reporting suspected child abuse allows for investigation of the family situation and implementation of appropriate support services. Detailed guidance is provided in this document about signs and symptoms of the various types of child abuse, who must report, when to report, how to make a report, and what information is needed when making a report.

The Georgia Child Abuse Law, O.C.G.A. §19-7-5, requires nurses and all public health employees to report suspected child abuse. Child abuse is a broad term that includes, but is not limited to, physical abuse, neglect, sexual abuse, sexual exploitation, and emotional abuse of children. Georgia does not require the reporting of pregnant women who engage in alcohol or substance abuse; however, if a baby is born showing the harmful effects of such abuse, such as neo-natal abstinence syndrome, then a report should be made.

Suspected cases of child abuse shall be immediately reported, and at least within 24 hours. An oral report or written (or online) must be made with the patient's name and address, the nature and extent of the injuries, and any other information that might be helpful in establishing the cause of the injuries and the identity of the perpetrator. If the initial report is made orally, then a written follow-up report must be made. The employee suspecting child abuse may consult with the District Health Director (DHD) prior to making the report, so long as the report is made within 24 hours per O.C.G.A. §19-7-5. In any event, after making the report, the employee should notify the DHD that a child abuse report has been made and provide a copy.

Depending on the identity of the suspected abuser, the report shall be made either to the Division of Family and Children Services (DFCS) or to the employer of the suspected abuser. If the suspected abuser had access to the child through his or her work as a volunteer or employee of a hospital, school, social agency, or similar facility, then the report shall be made to the person in charge of such hospital, school, social agency, or facility. In all other cases, the report shall be made to DFCS in accordance with its procedures.

The obligation to report arises when there is "reasonable cause to believe that child abuse has occurred." "Reasonable cause" means you have an objective, factual basis to believe that the child may have been abused. This does not mean you that are sure beyond a reasonable doubt that the child has been abused. It means that your belief is based on more than a hunch.

Upon receipt of the report, DFCS will investigate and make a determination as to whether child abuse has occurred. A mandated reporter is only required to report possible cases of abuse. A mandated reporter is not responsible for investigating the facts or deciding whether the child has in fact been abused – that is the role of DFCS.

Sexual abuse is a common type of child abuse. However, it is important to remember that *not all sexual activities of minors are reportable as child abuse*. In particular, sexual abuse does not include (a) consensual sex acts involving minors more than 14 years old, or (b) consensual sex acts between a minor and an adult who is not more than four years older than the minor.

Relevant sections of O.C.G.A. § 19-7-5 and related laws include the following:

- ❖ Public health employees are mandated reporters under the Georgia Child Abuse Reporting Law O.C.G.A. § 19-7-5 (c) (1).
- ❖ As mandated reporters, public health employees are required to report suspected child abuse, which includes, but is not limited to, physical abuse, neglect, emotional abuse, sexual abuse or sexual exploitation O.C.G.A. § 19-7-5 (b).
- ❖ A physician licensed to practice medicine in Georgia who is treating a child may take temporary protective custody of a child, without a court order and without parent or guardian permission, if the physician has reasonable cause to believe that the child is in a circumstance or condition that presents an imminent danger to the child's life or health as a result of suspected abuse or neglect O.C.G.A. §. 15-11-131.
- ❖ As a mandated reporter, a public health employee is required to report conduct that you reasonably believe constitutes abuse, as defined in O.C.G.A. § 19-7-5. You are not obligated to report all sexual activity of a minor, but only those sexual activities that fall within the definition of "sexual abuse" under O.C.G.A. Section 19-7-5(b)(10).
- ❖ The obligation to report arises when there is "reasonable cause to believe that child abuse has occurred." "Reasonable cause" means you have an objective, factual basis to believe that the child may have been abused. This means your belief is based on more than a hunch, but less than proof beyond a reasonable doubt.
- ❖ Mandated reporters filing a report in good faith are protected under the law from civil or criminal liability for reporting. Any person or official who is required to report and knowingly and willfully fails to do so shall be guilty of a misdemeanor O.C.G.A. § 19-7-5 (f).

C. STATUTORY AUTHORITY for MANDATORY CHILD ABUSE REPORTING

O.C.G.A. § 19-7-5 (2016)

(a) The purpose of this Code section is to provide for the protection of children. It is intended that mandatory reporting will cause the protective services of the state to be brought to bear on the situation in an effort to prevent abuses, to protect and enhance the welfare of children, and to preserve family life wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.

(b) As used in this Code section, the term:

(1) "Abortion" shall have the same meaning as set forth in Code Section 15-11-681.

(2) "Abused" means subjected to child abuse.

(3) "Child" means any person under 18 years of age.

(4) "Child abuse" means:

(A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;

(B) Neglect or exploitation of a child by a parent or caretaker thereof;

(C) Endangering a child;

(D) Sexual abuse of a child; or

(E) Sexual exploitation of a child.

However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to be an abused child.

(5) "Child service organization personnel" means persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.

(6) "Clergy" means ministers, priests, rabbis, imams, or similar functionaries, by whatever name called, of a bona fide religious organization.

(6.1) "Endangering a child" means:

(A) Any act described by subsection (d) of Code Section 16-5-70;

(B) Any act described by Code Section 16-5-73;

(C) Any act described by subsection (l) of Code Section 40-6-391; or

(D) Prenatal abuse, as such term is defined in Code Section 15-11-2.

(7) "Pregnancy resource center" means an organization or facility that:

(A) Provides pregnancy counseling or information as its primary purpose, either for a fee or as a free service;

(B) Does not provide or refer for abortions;

(C) Does not provide or refer for FDA approved contraceptive drugs or devices; and

(D) Is not licensed or certified by the state or federal government to provide medical or health care services and is not otherwise bound to follow the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, or other state or federal laws relating to patient confidentiality.

(8) "Reproductive health care facility" means any office, clinic, or any other physical location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services.

(9) "School" means any public or private pre-kindergarten, elementary school, secondary school, technical school, vocational school, college, university, or institution of postsecondary education.

(10) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not such person's spouse to engage in any act which involves:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;

(B) Bestiality;

(C) Masturbation;

(D) Lewd exhibition of the genitals or pubic area of any person;

(E) Flagellation or torture by or upon a person who is nude;

(F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;

(G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;

(H) Defecation or urination for the purpose of sexual stimulation; or

(I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

Sexual abuse shall include consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age; provided, however, that it shall not include consensual sex acts when the sex acts are between a minor and an adult who is not more than four years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

(11) "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires a child to engage in:

(A) Prostitution, as defined in Code Section 16-6-9; or

(B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

(c)(1) The following persons having reasonable cause to believe that suspected child abuse has occurred shall report or cause reports of such abuse to be made as provided in this Code section:

- (A) Physicians licensed to practice medicine, physician assistants, interns, or residents;
- (B) Hospital or medical personnel;
- (C) Dentists;
- (D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
- (E) Podiatrists;
- (F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides;
- (G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
- (H) School teachers;
- (I) School administrators;
- (J) School counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
- (K) Child welfare agency personnel, as such agency is defined in Code Section 49-5-12;
- (L) Child-counseling personnel;
- (M) Child service organization personnel;
- (N) Law enforcement personnel; or
- (O) Reproductive health care facility or pregnancy resource center personnel and volunteers.

(2) If a person is required to report child abuse pursuant to this subsection because such person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, such person shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

(3) When a person identified in paragraph (1) of this subsection has reasonable cause to believe that child abuse has occurred involving a person who attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, the person who received such information shall notify the person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, or modification or make any other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

(d) Any other person, other than one specified in subsection (c) of this Code section, who has reasonable cause to believe that suspected child abuse has occurred may report or cause reports to be made as provided in this Code section.

(e) With respect to reporting required by subsection (c) of this Code section, an oral report by telephone or other oral communication or a written report by electronic submission or facsimile shall be made immediately, but in no case later than 24 hours from the time there is reasonable cause to believe that suspected child abuse has occurred. When a report is being made by electronic submission or facsimile to the Division of Family and Children Services of the Department of Human Services, it shall be done in the manner specified by the division. Oral reports shall be followed by a later report in writing, if requested, to a child welfare agency providing protective services, as designated by the Division of Family and Children Services of the Department of Human Services, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation or

evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital employees or volunteers, physicians, law enforcement personnel, school officials, or employees or volunteers of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photographs shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

(f) Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child welfare agency providing protective services or to an appropriate police authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.

(g) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report child abuse reported solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about child abuse from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of child abuse from the confession of the perpetrator.

(h) Any person or official required by subsection (c) of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.

(i) A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:

(1) There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or

(2) The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County. The superior court to which an application is made shall not grant the application unless:

(A) The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought;

(B) The applicant carries the burden of showing the legitimacy of the research project; and

(C) Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

History: Laws 1965, p. 588, § 1; Laws 1968, p. 1196, § 1; Laws 1973, p. 309, § 1; Laws 1974, p. 438, § 1; Laws 1977, p. 242, §§ 1-3; Laws 1978, p. 2059, §§ 1, 2; Laws 1980, p. 921, § 1; Laws 1981, p. 1034, §§ 1-3; Laws 1988, p. 1624, § 1; Laws 1990, p. 1761, § 1; Laws 1993, p. 1695, §§ 1, 1.1; Laws 1994, p. 97, § 19; Laws 1999, p. 81, § 19; Laws 2006, Act 602, § 1, eff. April 27, 2006; Laws 2009, Act 102, § 2-2, eff. July 1, 2009; Laws 2009, Act 151, § 1, eff. May 5, 2009; Laws 2012, Act 709, § 5-1, eff. July 1, 2012; Laws 2013, Act 33, § 19, eff. April 24, 2013; Laws 2013, Act 132, § 2-1, eff. July 1, 2013; Laws 2013, Act 127, § 4-23, eff. Jan. 1, 2014; Laws 2015, Act 134, § 1, eff. July 1, 2015; Laws 2016, Act 597, § 2, eff. July 1, 2016.

D. MANDATORY CHILD ABUSE REPORTING PROCEDURE

References: The source for the following information and definitions is O.C.G.A. § 19-7-5.

(1) Child Abuse – Definition of Terms

“Child Abuse means physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child” O.C.G.A. § 19-7-5 (b)(A). The term “child abuse” also includes the neglect or exploitation of a child by a parent or caretaker, as well as the sexual abuse or sexual exploitation of a child by any person. Georgia law requires all nurses and medical personnel who come in contact with children to report suspected child abuse. Georgia does not require the reporting of pregnant women who engage in alcohol or substance abuse; however, if a baby is born showing the harmful effects of such abuse, such as neo-natal abstinence syndrome, then a report should be made.

“Sexual abuse” of a child means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:

- A.** Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;
- B.** Bestiality;
- C.** Masturbation;
- D.** Lewd exhibition of the genitals or pubic area of any person;
- E.** Flagellation or torture by or upon a person who is nude;
- F.** Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
- G.** Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
- H.** Defecation or urination for the purpose of sexual stimulation; or
- I.** Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.”

O.C.G.A. § 19-7-5(b)(10)(A-I).

"Sexual abuse" shall not include consensual sex acts between minors who are at least fourteen years old, or between a minor and an adult who is not more than four years older than the minor.

Special note: Your duty is to report “child abuse” as defined above. This has nothing to do with “statutory rape” which is an entirely separate legal issue. Do not be concerned with the definition of “statutory rape”.

Public health employees are not investigators and should not initiate any questioning of family or related parties.

(2) Reporting Procedure:

- (a) Any suspected cases of child abuse shall be reported immediately, and at least within 24 hours. An oral report shall be followed up with a written (or online) report with the patient's name and address, the nature and extent of the injuries, and any other information that might be helpful in establishing the cause of the injuries and the identity of the perpetrator. The reporter may choose to consult with the District Health Director before making the report, so long as the report is still made within the required time.

Depending on the identity of the suspected abuser, the report shall be made either to the Division of Family and Children Services (DFCS) or to the employer of the suspected abuser. If the suspected abuser had access to the child through his or her work as a volunteer or employee of a hospital, school, social agency, or similar facility, then the report shall be made to the person in charge of such hospital, school, social agency, or facility. In all other cases, the report shall be made to DFCS in accordance with its procedures.

After making the report, the employee should notify the District Health Director (DHD) that a child abuse report has been made and provide a copy.

Sexual abuse is a common type of child abuse. However, it is important to remember that *not all sexual activities of minors are reportable as child abuse*. In particular, sexual abuse does not include (a) consensual sex acts involving minors more than 14 years old, or (b) consensual sex acts between a minor and an adult who is not more than four years older than the minor.

- (b) The statewide phone number for the DFCS Child Protective Center *to make an oral report* is 1-855-422-4453. Contact information for local county DFCS office can be found at <http://dfcs.dhs.georgia.gov/county-offices>. To access the online DFCS Mandated Reporter Form visit <https://cps.dhs.ga.gov/Main/Default.aspx>. Mandated reporters also have the following options to submit this form electronically (use only one option per report):

Option One: E-mail to CPSIntake@dhs.ga.gov. The system may restrict you to receive only one auto-reply per day per email stating that the CPS report has been received.

Option Two: Fax to **229-317-9663**. Faxed reports convert to a PDF (Adobe) format and are automatically forwarded to the CPSIntake@dhs.ga.gov e-mail box. If you provide an e-mail address, you can receive a confirmation e-mail.

- (c) If the child is in a life threatening situation or immediate danger, a report should be made **immediately** to law enforcement or the district attorney in the county where the child lives or is receiving treatment. The identifying employee should follow up with DFCS as soon as possible to make an official report in accordance with DFCS reporting forms and procedures.
- (d) The incident as reported or observed shall be documented in the child's health record and a copy of the written report shall be maintained in the child's health record. A child abuse report must be labeled as confidential and not available for release pursuant to the Georgia Open Records Act or any other form of request. If there is a request for child abuse records, then legal counsel should be consulted before any response is made.
- (e) The reporter must follow up to assure that the report was received.
- (f) The obligation to report arises when there is "reasonable cause to believe that child abuse has occurred." "Reasonable cause" means you have an objective, factual basis to believe that the child may have been abused. This does not mean you that are sure beyond a reasonable doubt that the child has been abused. It means that your belief is based on more than a hunch.
- (g) Public health personnel **do** have the authority to photograph injuries without the knowledge or consent of the child's parent or guardian.

- (h) Pursuant to O.C.G. A. § 15-11-131, a physician licensed to practice in Georgia who is treating a child may take temporary protective custody of the child, without a court order and without the consent of a parent, guardian, or custodian, if the physician has reasonable cause to believe the child is in a circumstance or condition that presents imminent danger to the child's health as a result of suspected abuse.
- (i) The responsibility of a mandated reporter is to ensure that a report is made whenever there is reason to believe that a child has been the victim of abuse. It is the responsibility of DFCS to review the report and decide whether further investigation is warranted. If the report is on a family that already has an open case with DFCS, the current suspicions must still be made to the DFCS intake worker.
- (j) Mandated reporters may contact DFCS to find out whether their report was substantiated. Even if the report was not substantiated, it is the responsibility of the mandated reporter to report future concerns regarding the child.

(3) Report Contents

Reports should contain the following information:

- ❖ Name, age, address and current location of the child.
- ❖ Name and address of the child's parents or caretakers, if known.
- ❖ Name and address of suspected perpetrator.
- ❖ Location where the abuse took place, if known.
- ❖ The nature and extent of the child's injuries, including any evidence of previous injuries.
- ❖ Any other information the reporter believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.
- ❖ Photographs, if available.
- ❖ See Georgia Child Protective Services Mandated Reporter Form, Appendix B.

The report becomes part of the child's health records, but it should be labeled as confidential and not available for release. If a request for release of records related to child abuse is made, then contact legal counsel for advice on how to respond.

(4) Rights of the Mandated Reporter

All reports are confidential, and the identity of the reporter will not be disclosed to the child's family. However, a public health reporter should provide his or her contact information.

Mandated reporters who provide their name at the time of filing the child abuse report may request information from DFCS on the outcome of a report. Legally, DFCS cannot share any information other than whether the allegation was substantiated. Mandated reporters are to receive a letter of acknowledgment and acceptance for investigation or screen-out of the case (see Appendix C).

(5) Penalties for Failure to Report

Any public health employee who suspects a case of child abuse and who knowingly and willfully fails to file a report shall be guilty of a misdemeanor O.C.G.A. §19-7-5 (c)(2)(h). Moreover, the employee may be subject to employment discipline up to and including termination.

(6) The Role of DFCS

Once a report is made to DFCS, a report will be opened for investigation if DFCS finds that it contains any allegation or evidence of child abuse. All reports containing allegations or evidence of child abuse, including all reports screened out as inappropriate for CPS intervention, are given to law enforcement. Depending on the severity of the situation, a response time of 24 hours to 5 days will be assigned.

Employees who file a report will receive a written acknowledgement of the report from DFCS (see sample letter, Appendix C). This acknowledgement should indicate where the report was assigned for investigation.

At the conclusion of the investigation a decision will be made jointly by the investigating case manager and his or her supervisor whether the report has been substantiated, and whether to open a case.

E. WHEN CHILD ABUSE IS DISCLOSED

What to Do When Child Abuse is Disclosed:

1. Find a private place to talk with the person disclosing.
2. Reassure the person making the disclosure with statements such as:
 - a. "I believe you."
 - b. "I am glad you told me."
 - c. "It is not your fault this happened."
 - d. Affirm that abuse is wrong.
3. Listen openly and calmly, with minimal interruptions. Try to keep your own emotions and nonverbal cues neutral.
4. Write down the facts and words as the person has stated them. The first statement made spontaneously has forensic significance to the investigators and the exact words can be important.
5. Respect the individual's need for confidentiality by not discussing the abuse with anyone other than those required by agency policy and the law. The staff member should not tell the parents/guardians of the child that a report is being made until the safety of the child has been established.

What NOT to SAY When Someone Discloses to You:

1. Don't ask "why" questions such as:
 - a) "Why didn't you stop him or her?"
 - b) "Why are you telling me this?"
2. Don't say "Are you sure this is happening?"
3. Don't ask, "Are you telling the truth?"
4. Don't say, "Let me know if it happens again."
5. Don't ask, "What did you do to make this happen?"

If a disclosure is made, don't try to get all the details. It is not your role to be an investigator. Remember that disclosures are made in different ways. Understand that some disclosures are more subtle or indirect.

Above all, MINIMIZE the number of questions you ask the child and avoid the use of leading questions or questions that suggest an answer (e.g., "Did your uncle touch you in the private area too?" "Was he wearing a blue jacket?").

F. IDENTIFICATION AND ASSESSMENT

All public health employees must participate in training related to the identification and intervention of child abuse as part of new employee orientation and receive an annual update. Such training provides personnel with knowledge and skills needed to appropriately respond to child abuse allegations and determine needed prevention efforts (See Appendix E). Some possible indications of child abuse include:

Type of Abuse	Physical Indicators	Behavioral Indicators
<p>Sexual Abuse is the exploitation of a child for the sexual gratification of an adult or older child. Sexual abuse is most commonly perpetrated by an individual known to the victim, rarely is the offender a stranger. One-third of all sexual abuse is perpetrated by another child. Sexual abuse includes touching offenses: fondling, sodomy, rape; and non-touching offenses: child prostitution, indecent exposure and exhibitionism, utilizing the internet as a vehicle for exploitation.</p> <p>Note: Sexual abuse does not include consensual sex when the sex acts are between minors at least 14 years old or between a minor and an adult who is not more than four years older than the minor.</p>	<p>Possible Signs of Sexual Abuse:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty walking or sitting <input type="checkbox"/> Torn, stained or bloody underclothing <input type="checkbox"/> Pain, swelling or itching in the genital area <input type="checkbox"/> Pain on urination <input type="checkbox"/> Bruises, bleeding, discharge or laceration in external genitalia area <input type="checkbox"/> Presence of sexually transmitted disease <input type="checkbox"/> Frequent urinary or yeast infections 	<ul style="list-style-type: none"> <input type="checkbox"/> Inappropriate sex play or advanced sexual knowledge and promiscuity <input type="checkbox"/> Hysteria, lack of emotional control <input type="checkbox"/> Sudden school difficulties <input type="checkbox"/> Withdrawal or depression <input type="checkbox"/> Excessive worrying about siblings <input type="checkbox"/> Difficult peer relationships, resists involvement with peers <input type="checkbox"/> Self-imposed social isolation <input type="checkbox"/> Avoidance of physical contact or closeness <input type="checkbox"/> Sudden massive weight change (loss or gain)
<p>Emotional Abuse is a pattern of behavior that impairs a child's emotional development or sense of self-worth. It frequently occurs as verbal abuse, but can also include the following: rejection, terrorizing, shameful forms of punishment, withholding physical and emotional contact; developmentally inappropriate expectations; exposure to domestic violence that may impact a child's personal safety. Emotional abuse is usually not an isolated incident, but instead it is a pattern of behavior that occurs over a period of time.</p>	<p>Possible Signs of Emotional Abuse:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Speech or other communicative disorder <input type="checkbox"/> Delayed physical development <input type="checkbox"/> Exacerbation of existing conditions, such as asthma or allergies <input type="checkbox"/> Substance abuse 	<ul style="list-style-type: none"> <input type="checkbox"/> Habit disorders (sucking, rocking) <input type="checkbox"/> Antisocial or destructive behaviors, including delinquency <input type="checkbox"/> Neurotic traits (sleep disorders, inhibition to play) <input type="checkbox"/> Behavioral extremes (passivity or aggression) <input type="checkbox"/> Developmental delays
<p>Neglect is the most common form of child abuse. It is the failure of a parent or other caregiver to provide for the child's basic needs.</p> <p>Neglect may be:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical: Lack of adequate food, shelter, clothing, or medical care <input type="checkbox"/> Emotional: Inattention to a child's emotional needs, or permitting the use of alcohol or other drugs <input type="checkbox"/> Educational/cognitive neglect <input type="checkbox"/> Lack of supervision for optimal growth and development <input type="checkbox"/> Medical: Failure to provide medical or mental health needs 	<p>Possible Signs of Neglect:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consistent hunger <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Inappropriate dress <input type="checkbox"/> Consistent lack of supervision <input type="checkbox"/> Unattended physical problems or medical needs <input type="checkbox"/> Delay in seeing medical care for an injury <input type="checkbox"/> Underweight <input type="checkbox"/> Poor growth patterns <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Distended stomach, emaciated look <input type="checkbox"/> Children with special health care needs are at higher risk for neglect 	<ul style="list-style-type: none"> <input type="checkbox"/> Self-destructive behaviors <input type="checkbox"/> Begging, stealing food <input type="checkbox"/> Extended stays at school (early arrival and late pickup) <input type="checkbox"/> Constant fatigue, listlessness, or falling asleep in class <input type="checkbox"/> Assuming adult responsibilities and concerns <input type="checkbox"/> States there is no caretaker in the home <input type="checkbox"/> Frequently absent or tardy <input type="checkbox"/> Truancy or never enrolling child in school <input type="checkbox"/> Neo-natal abstinence syndrome

<p>Physical abuse is the non-accidental physical injury of a child as a result of beating, punching, burning, hitting, or otherwise harming that is inflicted by a person who has responsibility of the child. Such injury is considered abuse regardless if the caregiver intended to hurt the child. Physical abuse is the most visible and widely recognized form of child abuse.</p>	<p>Possible signs of Physical Abuse:</p> <p>Unexplained bruises and welts:</p> <ul style="list-style-type: none"> <input type="checkbox"/> On face, lip, mouth <input type="checkbox"/> On torso, back, buttocks, thighs <input type="checkbox"/> In various stages of healing <input type="checkbox"/> Clustered, forming regular patterns <input type="checkbox"/> Imprint of article used to inflict injury (belt, electrical cord) <input type="checkbox"/> Regularly appear after absence, weekend, or vacation <input type="checkbox"/> Excessive number or severity of bruises <p>Unexplained burns:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cigar, cigarette burns, especially on soles of feet, palms, back, or buttocks <input type="checkbox"/> Immersion burns (sock-like, glove-like) <p>Unexplained fractures/dislocations A history or explanation that is inconsistent with the severity or type of injury found</p>	<p>Other Signs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Feels deserving of punishment <input type="checkbox"/> Wary of adult contact <input type="checkbox"/> Frightened of parents <input type="checkbox"/> Afraid to go home <input type="checkbox"/> Reports injury by parents <input type="checkbox"/> Self-destructive behavior <input type="checkbox"/> Withdrawn or aggressive behavioral extremes <input type="checkbox"/> Uncomfortable with physical contact <input type="checkbox"/> Complains of soreness or moves uncomfortably <input type="checkbox"/> Wears clothing inappropriate for weather to cover body
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EXPECTATIONS	Yes	No	Comments
A. INITIAL TRAINING/DIDACTIC/CLASSROOM TRAINING: <input type="checkbox"/> Attend classroom training on child abuse developed by Prevent Child Abuse Georgia, Inc. or other recognized authority on the subject.			
<input type="checkbox"/> Review <i>Guidelines for Mandatory Reporting of Suspected Child Abuse for Public Health Personnel</i> (current).			
<input type="checkbox"/> Training should include an emphasis on normal child development as well as abnormal child development.			
<input type="checkbox"/> Successful completion of the Mandatory Reporters of Child Abuse and Neglect (Maltreatment) Tests.			
<input type="checkbox"/> Meet with Supervisor or designee to review O.C.G.A. § 19-7-5.			
B. ANNUAL UPDATE/SELF STUDY COMPLETED:			
<input type="checkbox"/> Reviewed <i>Guidelines for Mandatory Reporting of Suspected Child Abuse for Public Health Personnel</i> (current).			
<input type="checkbox"/> Successful completion of the Mandatory Reporters of Child Abuse and Neglect (Maltreatment) Tests.			
C. YEARLY UPDATE:			
<input type="checkbox"/> Participation in one child abuse training per year to keep updated on current policies and procedures concerning guidelines for mandatory reporting; training may alternate between self-study, readings and didactic classroom setting.			
D. REFERENCE MATERIALS:			
<input type="checkbox"/> Manual - Mandated Reporter Training – Prevent Child Abuse Georgia, Inc.			
<input type="checkbox"/> Angelo P. Giardino, M.D. Ph.D and Eileen R. Giardino, Ph.D., RN. CRNP. Recognition of Child Abuse for the Mandated Reporter. 4th Edition. G.W.Medical Publishing, Inc. St.Louis, Missouri, 2015.			

Giardino, A.P.; Giardino, E.R.; Shaw, L.; Speck, P., Recognition of Child Abuse for the Mandated Reporter, 4th Edition. G.W. Medical Publishing, Inc., St. Louis, Missouri, 2015.

Broadhurst, D.D.; Edmunds, M.; and MacDicken, R.A.A. Early Childhood Programs and Prevention Treatment of Child Abuse and Neglect, the User Manual Series, Washington, D.C.: U.S. Department of Health, Education and Welfare, 1979.

Child Welfare Information Gateway. (2013) What is child abuse and neglect? Recognizing the signs and symptoms. Washington, D.C.: U.S. Department of Health and Human Services, Children's Bureau.

G. TRAINING, QUALITY ASSURANCE MONITORING AND COMPLIANCE

All persons working in public health, either in part time, full time, or contractual arrangements, must receive training in child abuse and mandatory reporting requirements (See Appendix E *Training for Public Health Personnel on Mandatory Reporting of Child Abuse and Neglect*).

Training should include an emphasis on normal child development as well as abnormal child development. Annual updates on the guidelines and procedures for child abuse reporting should be provided.

Documentation of the child abuse training provided should be placed in the employee's/contractor's personnel file (See Appendix E). Pre- and post-tests should be provided to assess each employee's knowledge of child abuse and mandated reporting (See Appendices G, H, and I).

Free training and other information regarding child abuse may be found at:

- ❖ Prevent Child Abuse Georgia <http://abuse.publichealth.gsu.edu/>
- ❖ Proolutions <https://www.prosolutionstraining.com/coursemenu/index.cfm?sort=24&sortname=Sponsored>

APPENDICES
FOR
GUIDELINES FOR MANDATORY
REPORTING OF SUSPECTED
CHILD ABUSE AND NEGLECT

**APPENDICES FOR MANDATORY REPORTING OF SUSPECTED CHILD ABUSE AND NEGLECT
(MALTREATMENT)**

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Appendix A

CHILD ABUSE REPORTING PROCEDURE OVERVIEW

- (a) Any suspected cases of child abuse shall be reported immediately, and at least within 24 hours. An oral report shall be followed up with a written (or online) report with the patient's name and address, the nature and extent of the injuries, and any other information that might be helpful in establishing the cause of the injuries and the identity of the perpetrator. The reporter may choose to consult with the District Health Director before making the report, so long as the report is still made within the required time.

Depending on the identity of the suspected abuser, the report shall be made either to the Division of Family and Children Services (DFCS) or to the employer of the suspected abuser. If the suspected abuser had access to the child through his or her work as a volunteer or employee of a hospital, school, social agency, or similar facility, then the report shall be made to the person in charge of such hospital, school, social agency, or facility. In all other cases, the report shall be made to DFCS in accordance with its procedures.

- (b) The statewide phone number for the DFCS Child Protective Center *to make an oral report* is 1-855-422-4453. Contact information for local county DFCS office can be found at <http://dfcs.dhs.georgia.gov/county-offices>. To access the online DFCS Mandated Reporter Form visit <https://cps.dhs.ga.gov/Main/Default.aspx>. Mandated reporters also have the following options to submit this form electronically (use only one option per report):

Option One: E-mail to CPSIntake@dhs.ga.gov. The system may restrict you to receive only one auto-reply per day per email stating that the CPS report has been received.

Option Two: Fax to 229-317-9663. Faxed reports convert to a PDF (Adobe) format and are automatically forwarded to the CPSIntake@dhs.ga.gov e-mail box. If you provide an e-mail address, you can receive a confirmation e-mail.

- (c) If the child is in a life threatening situation or immediate danger, a report should be made **immediately** to law enforcement or the district attorney in the county where the child lives or is receiving treatment. The identifying employee should follow up with DFCS as soon as possible to make an official report in accordance with DFCS reporting forms and procedures.
- (d) After making the report, the employee should notify the District Health Director (DHD) that a child abuse report has been made and provide a copy. A copy of the written report shall also be maintained in the child's health record. A child abuse report must be labeled as confidential and not available for release pursuant to the Georgia Open Records Act or any other form of request. If there is a request for child abuse records, then legal counsel should be consulted before any response is made.
- (e) The reporter must follow up to assure that the report was received.
- (f) The obligation to report arises when there is "reasonable cause to believe that child abuse has occurred." "Reasonable cause" means you have an objective, factual basis to believe that the child may have been abused. This does not mean you that are sure beyond a reasonable doubt that the child has been abused. It means that your belief is based on more than a hunch.
- (g) Public health personnel **do** have the authority to photograph injuries without the knowledge or consent of the child's parent or guardian.
- (h) Mandated reporters may contact DFCS to find out whether their report was substantiated. Even if the report was not substantiated, it is the responsibility of the mandated reporter to report future concerns regarding the child.

Appendix B

GEORGIA CHILD PROTECTIVE SERVICES MANDATED REPORTER FORM

We strongly recommend you participate in the brief Georgia Mandated Reporter Training @ <https://www.prosolutionstraining.com/MandatedReporters/> prior to making your initial child maltreatment report. This Mandated Reporter Training was developed in conjunction with the Governor’s Office for Children and Families and provides in-depth information for all Mandated Reporters who are required under GA Law to report any suspicion of child maltreatment. Once you complete the online mandated reporter training, you may request an access code by clicking a link at the end of the training. The access code allows you the privilege of completing and submitting this form online at the following website: <https://cps.dhs.ga.gov/Main/Default.aspx>
Mandated Reporters also have the following options to submit this form electronically (use only one option per report):

Option One: E-mail to CPSIntake@dhs.ga.gov. The system may restrict you to receive only one auto-reply per day per email stating that the CPS report has been received.

Option Two: Fax to **229-317-9663**. Faxed reports convert to a PDF (Adobe) format and are automatically forwarded to the CPSIntake@dhs.ga.gov e-mail box. If you provide an e-mail address, you can receive a confirmation e-mail. Email address you can receive email: _____@_____.

Please note that you will be called for additional information regarding this report if there is insufficient information. The CPS Hotline number is 1-855- GA CHILD (422-4453).

Would you like to be notified if an investigation is completed and whether abuse is substantiated or unsubstantiated? Please indicate Yes _____ or No _____

DATE: _____

Time: _____ **County where child resides:** _____

Location of child at time of report: _____

Reporter’s Name, Title, Telephone, & e-mail address: _____

Reporter’s Organization and Organization address: _____

Primary Caretaker of Child: _____

Address of Primary Caretaker: _____ **Reporter’s relationship to Child:** _____

Additional person (and contact information) who can be contacted if you, the reporter, are not available and additional information is needed: _____

If you are the designated reporter for your agency (i.e. school counselor, law enforcement dispatch...), please indicate the primary staff-person in your organization who has firsthand knowledge of the suspected child maltreatment and/or knows the child and family. DFCS’s ability to speak directly with those having firsthand knowledge of the suspected child maltreatment and/or knows the child and family is critical for assessment of short and long term safety and well-being of the alleged victim child.

Name, Contact Information and Best Time to Reach Staff-person with firsthand knowledge of child/family:

Family Name/Who has custody of child(ren): _____

Mother's Name: _____ RACE: _____ DOB: _____ SSN: _____

Mother's Employment: _____

Mother's Telephone Number: _____ Marital Status: _____

Father's Name: _____ RACE: _____ DOB: _____ SSN: _____

Father's Residence: _____

Father's Employment: _____ Father's Telephone

Number: _____ Marital Status: _____ Language: _____

_____ ALT Contact Info: _____

If a school reporter, please indicate all Emergency Contact information on file with the school and date this information was obtained from family: _____

CHILDREN:

Child's Name	Victim	Sex	Race	DOB	SSN	Grade Level

OTHER HOUSEHOLD MEMBERS:

Name	RELATIONSHIP To Primary Caretaker	LANGUAGE	MARITAL STATUS	Race	DOB	SSN

OTHER ADULTS OF SIGNIFICANCE NOT RESIDING IN HOME:

Name	RELATIONSHIP To Primary Caretaker	LANGUAGE	MARITAL STATUS	Race	DOB	SSN

The following information is critical to ensuring that we respond appropriately to this report of suspected child maltreatment. The importance of your supplying as much and as detailed information as possible for each of these areas cannot be stressed enough. (The sections will expand to accommodate as much information as you enter.)

Specific Concern *(What are your specific concerns about the child(ren)? Has something happened to the child? If so, what happened? When and where did it occur and who was involved? Was an object used and if so, what type of object? How serious is the harm to the child?) Provide a detailed description of your specific concern.*

Circumstances surrounding your concern: *(What was going on with the family before, during and after the specific circumstance/event/alleged child maltreatment you are concerned about? Where were the children at the time and where are they now? What did the child say happened? What is the caregiver’s explanation? How do you know about this circumstance/event/alleged maltreatment? Is your concern an ongoing concern with the children? Has this specific concern, or any other concerns about this child, come to your attention previously? If so, please provide an explanation of prior concerns you have. Who else knows about this? Were the police called? If so what is the officer’s name?*

Child Functioning *(Describe each child’s day to day functioning in relation to other children their age. What is the child’s overall appearance, health and wellbeing? Does the child(ren) have any behavioral, mental, emotional, intellectual or physical disabilities? If so what and how does it affect their functioning? Is child(ren) receiving services from any agency? If so who and what for? Are they on any medications? Do they get meds regularly? If school age what*

grade? On grade level? Describe attendance/discipline issues/general performance. How do the child(ren) interact with their peers? Has child(ren) expressed concerns about going home? If so what concerns and why?

Parenting Discipline *How do the parents manage the child's behaviors? What do the parents do when the child gets in trouble? How do they view the purpose of discipline? Do they have house rules for the children and if so, what are they? What kind of things does the child get in trouble for? Is the caregiver ever out of control when disciplining the child? If so, explain when and the circumstances.*

General Parenting *(What is the overall parenting style of the parents—structured, strict, laid-back....? How do the parents/child(ren) interact? Do parents seem to understand the child(ren's) needs? Are they able to meet these needs? Why or why not? Does the caregiver have realistic expectations of child(ren) given the child's age/functioning? Explain. Describe how caregiver accesses and uses available resources to provide basic needs for the children. Who usually cares for the child(ren)? Are the parents living in the same home? If not, is the non-residential parent involved with the child? Describe how caretakers react to bad behavior. Describe how they show love and nurturing.*

Adult Functioning *(What is the overall functioning of each parent on a personal level-- rather than as a parent?) How does the caretaker care for themselves? Are they employed? If so what shift? Stable employment? Who cares for child when they are at work? Do caregivers have a steady source of income? Stable housing? Are there any concerns relating to mental health, substance abuse, domestic violence? If yes, what frequency? How do the parents respond when you approach them with concerns?*

Additional Comments Section-Anything else you feel we need to know about this family.

Appendix C

SAMPLE LETTER FROM DFCS DOCUMENTING RECEIPT OF MANDATORY CHILD ABUSE REPORT

**GEORGIA DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN SERVICES
COUNTY**

Date: 06/01/2017

5340 S Main Rd
Examplerporter@fultonschools.org
Atlanta GA

RE:

Dear: Example Reporter

Thank you for your concern regarding the children of Georgia and your compliance with the Official Code of Georgia (O.C.G.A.) §19-7-5, Reporting of Child Abuse and Neglect. This notice acknowledges your report of suspected abuse or neglect, received by this office on 05/22/2016. Please be advised that we will not reveal your name to the subject of this report; however, if court action is necessary to protect the child(ren), you may be subpoenaed to appear at the court hearing. Please note that state law (O.C.G.A. §19-7-5) provides protection from civil or criminal liability for any report made in good faith.

Your report of suspected abuse or neglect has been assigned with the following intake disposition:

Investigation: The reported allegations of maltreatment met Georgia statute and DFCS policy requirements and also identified safety concerns.

In accordance with O.C.G.A. §49-5-41, if you are classified as school personnel or have requested further information and the report has been assigned as an investigation, you will receive written notification within five calendar days of the completion of the investigation stating whether the reported allegations of suspected child abuse and neglect were substantiated or unsubstantiated.

If you have any other questions or wish to request information concerning the status or outcome of a report assigned as an investigation, please contact the County Department of Family and Children Services.

Further information on the responsibility of Mandated Reporters in Georgia may be obtained by completing the Georgia Mandated Reporter training developed with the Governor's Office for Children and Families at <https://www.gocfrtrainingonline.com/>.

Sincerely,

DFCS Supervisor

APPENDIX D

INDICATORS OF CHILD ABUSE

Type of Abuse	Physical Indicators	Behavioral Indicators
<p>Sexual Abuse is the exploitation of a child for the sexual gratification of an adult or older child. Sexual abuse is most commonly perpetrated by an individual known to the victim, rarely is the offender a stranger. One-third of all sexual abuse is perpetrated by another child. Sexual abuse includes touching offenses: fondling, sodomy, rape; and non-touching offenses: child prostitution, indecent exposure and exhibitionism, utilizing the internet as a vehicle for exploitation.</p> <p>Note: Sexual abuse does not include consensual sex when the sex acts are between minors at least fourteen years old, or between a minor and an adult who is not more than four years older than the minor.</p>	<p>Possible Signs of Sexual Abuse:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficulty walking or sitting <input type="checkbox"/> Torn, stained or bloody underclothing <input type="checkbox"/> Pain, swelling or itching in the genital area <input type="checkbox"/> Pain on urination <input type="checkbox"/> Bruises, bleeding, discharge or laceration in external genitalia area <input type="checkbox"/> Presence of sexually transmitted disease <input type="checkbox"/> Frequent urinary or yeast infections 	<ul style="list-style-type: none"> <input type="checkbox"/> Inappropriate sex play or advanced sexual knowledge and promiscuity <input type="checkbox"/> Hysteria, lack of emotional control <input type="checkbox"/> Sudden school difficulties <input type="checkbox"/> Withdrawal or depression <input type="checkbox"/> Excessive worrying about siblings <input type="checkbox"/> Difficult peer relationships, resists involvement with peers <input type="checkbox"/> Self-imposed social isolation <input type="checkbox"/> Avoidance of physical contact or closeness <input type="checkbox"/> Sudden massive weight change (loss or gain)
<p>Emotional Abuse is a pattern of behavior that impairs a child’s emotional development or sense of self-worth. It frequently occurs as verbal abuse, but can also include the following: rejection, terrorizing, shameful forms of punishment, withholding physical and emotional contact; developmentally inappropriate expectations; exposure to domestic violence that may impact a child’s personal safety. Emotional abuse is usually not an isolated incident, but instead it is a pattern of behavior that occurs over a period of time.</p>	<p>Possible Signs of Emotional Abuse:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Speech or other communicative disorder <input type="checkbox"/> Delayed physical development <input type="checkbox"/> Exacerbation of existing conditions, such as asthma or allergies <input type="checkbox"/> Substance abuse 	<ul style="list-style-type: none"> <input type="checkbox"/> Habit disorders (sucking, rocking) <input type="checkbox"/> Antisocial or destructive behaviors, including delinquency <input type="checkbox"/> Neurotic traits (sleep disorders, inhibition to play) <input type="checkbox"/> Behavioral extremes (passivity or aggression) <input type="checkbox"/> Developmental delays
<p>Neglect is the most common form of child abuse. It is the failure of a parent or other caregiver to provide for the child’s basic needs.</p> <p>Neglect may be:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical: Lack of adequate food, shelter, clothing, or medical care <input type="checkbox"/> Emotional: Inattention to a child’s emotional needs, or permitting the use of alcohol or other drugs <input type="checkbox"/> Educational/cognitive neglect <input type="checkbox"/> Lack of supervision for optimal growth and development <input type="checkbox"/> Medical: Failure to provide medical or mental health needs 	<p>Possible Signs of Neglect:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consistent hunger <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Inappropriate dress <input type="checkbox"/> Consistent lack of supervision <input type="checkbox"/> Unattended physical problems or medical needs <input type="checkbox"/> Delay in seeing medical care for an injury <input type="checkbox"/> Underweight <input type="checkbox"/> Poor growth patterns <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Distended stomach, emaciated look <input type="checkbox"/> Children with special health care needs are at higher risk for neglect 	<ul style="list-style-type: none"> <input type="checkbox"/> Self-destructive behaviors <input type="checkbox"/> Begging, stealing food <input type="checkbox"/> Extended stays at school (early arrival and late pickup) <input type="checkbox"/> Constant fatigue, listlessness, or falling asleep in class <input type="checkbox"/> Assuming adult responsibilities and concerns <input type="checkbox"/> States there is no caretaker in the home <input type="checkbox"/> Frequently absent or tardy <input type="checkbox"/> Truancy or never enrolling child in school <input type="checkbox"/> Neo-natal abstinence syndrome

<p>Physical abuse is the non-accidental physical injury of a child as a result of beating, punching, burning, hitting, or otherwise harming that is inflicted by a person who has responsibility of the child. Such injury is considered abuse regardless if the caregiver intended to hurt the child.</p> <p>Physical abuse is the most visible and widely recognized form of child abuse.</p>	<p>Possible signs of Physical Abuse:</p> <p>Unexplained bruises and welts:</p> <ul style="list-style-type: none"> <input type="checkbox"/> On face, lip, mouth <input type="checkbox"/> On torso, back, buttocks, thighs <input type="checkbox"/> In various stages of healing <input type="checkbox"/> Clustered, forming regular patterns <input type="checkbox"/> Imprint of article used to inflict injury (belt, electrical cord) <input type="checkbox"/> Regularly appear after absence, weekend, or vacation <input type="checkbox"/> Excessive number or severity of bruises <p>Unexplained burns:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cigar, cigarette burns, especially on soles of feet, palms, back, or buttocks <input type="checkbox"/> Immersion burns (sock-like, glove-like) <p>Unexplained fractures/dislocations A history or explanation that is inconsistent with the severity or type of injury found</p>	<p>Other Signs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Feels deserving of punishment <input type="checkbox"/> Wary of adult contact <input type="checkbox"/> Frightened of parents <input type="checkbox"/> Afraid to go home <input type="checkbox"/> Reports injury by parents <input type="checkbox"/> Self-destructive behavior <input type="checkbox"/> Withdrawn or aggressive behavioral extremes <input type="checkbox"/> Uncomfortable with physical contact <input type="checkbox"/> Complains of soreness or moves uncomfortably <input type="checkbox"/> Wears clothing inappropriate for weather to cover body
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Adapted in part from:

Giardino, A.P.; Giardino, E.R.; Shaw, L.; Speck, P., Recognition of Child Abuse for the Mandated Reporter, 4th Edition. G.W. Medical Publishing, Inc., St. Louis, Missouri, 2015.

Broadhurst, D.D.; Edmunds, M.; and MacDicken, RA.A. Early Childhood Programs and Prevention Treatment of Child Abuse and Neglect, the User Manual Series, Washington, D.C.: U.S. Department of Health, Education and Welfare, 1979.

Child Welfare Information Gateway. (2013) What is child abuse and neglect? Recognizing the signs and symptoms. Washington, D.C.: U.S. Department of Health and Human Services, Children’s Bureau.

Appendix E

PROCEDURE FOR PUBLIC HEALTH PERSONNEL TRAINING, QUALITY ASSURANCE MONITORING and COMPLIANCE FORM FOR EMPLOYEES

TITLE: TRAINING FOR PUBLIC HEALTH PERSONNEL ON MANDATORY REPORTING OF CHILD ABUSE AND NEGLECT

INTRODUCTION:

The Georgia Child Abuse Law O.C.G.A. §19-7-5 requires public health personnel, regardless of their work assignment, to report suspected child abuse. Child abuse is a broad term that includes, but is not limited to, physical abuse, neglect, sexual abuse, sexual exploitation, and emotional abuse of children. As a mandated reporter, a public health employee only has to reasonably suspect abuse. Public health employees come into contact with children, parents and caretakers in many different settings, and may observe situations of suspected child abuse. All public health employees need to be aware of the signs and symptoms of child abuse and the procedures for reporting suspected child abuse.

AUTHORITY: The Official Code of Georgia Annotated O.C.G.A. § 19-7-5

GENERAL PROVISIONS:

- ❖ As mandated reporters, public health employees are required to report suspected child abuse, which includes, but is not limited to, physical abuse, neglect, emotional abuse, sexual abuse or sexual exploitation O.C.G.A. § 19-7-5, Section 3.1(c)(1).
- ❖ All employees are required to have training in identifying signs and symptoms of child abuse and how to report suspected abuse.
 - Within the first six months of the start of employment, employees shall receive initial training as part of orientation. This training will be repeated annually thereafter. This training must include review of the *Guidelines for Mandatory Reporting of Suspected Child Abuse (GDPH 2016)* and at least one or more of the following: meeting or session with a supervisor or designee to review O.C.G.A. § 19-7-5, or classroom training on child abuse developed by Prevent Child Abuse Georgia or other recognized authority on the subject.
 - Training should include an emphasis on normal child development as well as abnormal child development.
 - On an annual basis, employees are required to review the *Guidelines for Mandatory Reporting of Suspected Child Abuse (current)*.
 - If there are changes to the mandatory reporting of child abuse legislation, all employees will need to be trained on changes within six months of the date that the changes become effective.
 - Documentation of training at orientation and on a yearly basis will be maintained in the employee's supervisory file.
- ❖ The document *Guidelines for Mandatory Reporting of Suspected Child Abuse (current)* outlines the law, reporting procedure, identifying signs and symptoms, reporting form and other resources for employees related to child abuse and neglect.
- ❖ A mandated reporter is not an investigator. That is the role of Division of Family and Children Services (DFCS).
- ❖ Mandated reporters, who in good faith make a report, are protected under the law from civil or criminal liability for reporting. Any person or official who is required to report and knowingly and willfully fails to do so shall be guilty of a misdemeanor O.C.G.A. § 19-7-5(c)(2)(f).

Appendix F

SUPERVISOR’S CHECKLIST FOR EMPLOYEE ORIENTATION

**TRAINING/EDUCATION FOR PUBIC HEALTH EMPLOYEES
MANDATORY REPORTING OF CHILD ABUSE AND NEGLECT**

EXPECTATIONS	DOCUMENTED		Comments
	Yes	No	
A. INITIAL TRAINING/DIDACTIC/CLASSROOM TRAINING:			
<input type="checkbox"/> Attend classroom training on child abuse developed by Prevent Child Abuse Georgia, Inc. or other recognized authority on the subject.			
<input type="checkbox"/> Review <i>Guidelines for Mandatory Reporting of Suspected Child Abuse for Public Health Personnel</i> (current).			
<input type="checkbox"/> Training should include an emphasis on normal child development as well as abnormal child development.			
<input type="checkbox"/> Successful completion of the Mandatory Reporters of Child Abuse and Neglect			

EMPLOYEE: _____

RECEIVE NEW EMPLOYEE

- _____1. Review information on employee, work experience, education, training, etc.
- _____2. Review job description and specific assigned job responsibilities.
- _____3. Assign workplace, equipment, supplies, etc.
- _____4. Inform employees where to whom to report.

WORK UNIT

- _____1. Describe the overall function of the work unit and the particular unit where the employee will work.
- _____2. Describe the chain of command as it applies to the employee’s position.
- _____3. Indicate staff members under the employee’s supervision, if any, and explain their duties and responsibilities.
- _____4. Introduce co-workers and explain their responsibilities and how they interact/relate to the employee’s responsibilities.
- _____5. Show location of worksite facilities including mail/copy room, supply room, safety/security equipment, etc.

POLICIES AND PROCEDURES

- _____1. Working hours, specify lunch/break periods, etc.
- _____2. Attendance/punctuality.
- _____3. Use of telephone, mail procedures, e-mail, Internet, office equipment.
- _____4. Leave accrual and method to request use of leave; leave policies.
- _____5. Security of office/building; issue appropriate keys.
- _____6. Fire drill procedures.
- _____7. Hurricane/Disaster plans for the agency and/or worksite (County).
- _____8. Licensing requirements if applicable (e.g., nursing).
- _____9. Fair Labor Standards Act Policy and FLSA Time Sheets (if applicable)
- _____10. Identify training requirements for employee’s position – what training is necessary, materials available, how to schedule training.
- _____11. Review PMF procedures and evaluation period. Explain “critical responsibilities.”
- _____12. Review dress code appropriate to work area.
- _____13. Workers Compensation and where forms can be found if needed, report accidents/incidents immediately.
- _____14. Review policies and procedures relating to work area and accessibility to HR policies, procedures and forms.
- _____15. Review pay check procedures for work area.
- _____16. Training on Mandatory Reporting of Suspected Child Abuse Guidelines.
- _____17. Training should include an emphasis on normal child development as well as abnormal child development.

Employee Statement:

The above items have been satisfactorily discussed with me. I have reviewed a copy of my job description and understand the duties expected of me.

Supervisor Statement: The above items have been reviewed with the employee and questions appropriately answered.

Appendix G

PRE-TEST FOR MANDATORY REPORTERS OF CHILD ABUSE AND NEGLECT

Name of Employee _____

Date of Training _____

Check the correct answer	True	False
1. All public health personnel are mandated to report suspected child abuse, neglect, emotional abuse, or sexual abuse.		
2. Physical abuse is the most common type of child abuse.		
3. Children do not sexually abuse other children.		
4. The majority of child deaths due to child abuse are among ages 0-4 years.		
5. Reports of suspected child abuse are made to DFCS or, if the suspected abuser had access to the child in his or her role as an employee or volunteer for a hospital, school, social agency, or similar facility, to the person in charge of such hospital, school, social agency, or facility.		
6. In order to make a report of suspected child abuse, a mandated reporter must have proof that a child is being harmed.		
7. Abused children are most often abused by their biological parents.		
8. Employees may consult the DHD prior to submitting a report to DFCS as long as the report is made within 24 hours of initial suspicion of child abuse.		
9. The name of the person who reports child abuse will be given to the family.		
10. Once suspected child abuse has been observed it must be reported within 72 hours.		
11. The purpose of reporting suspected child abuse is to punish the parents.		
12. If a child reveals information about child abuse the mandated reporter should get as much detail as possible before making a report.		
13. There is no punishment in the law for mandated reporters who do not report suspected child abuse.		
14. A physician who is treating a child may take or retain temporary protective custody of a child without a court order or consent of the parent or guardian, if the physician has reasonable cause to believe the child is in a circumstance or condition that presents an imminent danger to the child's health or life or as a result of suspected abuse or neglect.		

15. Child abuse includes: **Circle all that apply.**

- Physical abuse
- Neglect
- Sexual abuse
- Emotional abuse

16. The following may be signs of abuse: **Circle all that apply.**

- Unexplained bruises, welts, and burns
- Consistent hunger
- Unkempt and dirty clothing
- Inappropriate sexual play
- Antisocial or destructive behaviors
- Withdrawal or depression
- Lack of age appropriate supervision

17. The following are risk factors for child abuse: **Circle all that apply.**

- Social isolation
- Parental or caregiver substance abuse
- Young and inexperienced parents
- Income below the federal poverty level
- Mental illness
- Parental unemployment

18. The following are protective factors for prevention of child abuse: **Circle all that apply.**

- Family seeks professional help and support when needed
- Public health personnel look for potential risks to children during home visits or patient visits
- Community provides supportive health and social networks
- Public health staff model appropriate social behavior and show respect for all

Appendix H

**POST TEST
FOR MANDATORY REPORTERS OF CHILD ABUSE AND NEGLECT**

Name of Employee _____

Date of Training _____

Check the correct answer	True	False
1. All public health personnel are mandated to report suspected child abuse, neglect, emotional abuse, or sexual abuse.		
2. Physical abuse is the most common type of child abuse.		
3. Children do not sexually abuse other children.		
4. The majority of child deaths due to child abuse are among ages 0-4 years.		
5. Reports of suspected child abuse are made to DFCS or, if the suspected abuser had access to the child in his or her role as an employee or volunteer for a hospital, school, social agency, or similar facility, to the person in charge of such hospital, school, social agency, or facility.		
6. In order to make a report of suspected child abuse, a mandated reporter must have proof that a child is being harmed.		
7. Abused children are most often abused by their biological parents.		
8. Employees may consult the DHD prior to submitting a report to DFCS as long as the report is made within 24 hours of initial suspicion of child abuse		
9. The name of the person who reports child abuse will be given to the family.		
10. Once suspected child abuse has been observed it must be reported within 72 hours.		
11. The purpose of reporting suspected child abuse is to punish the parents.		
12. If a child reveals information about child abuse the mandated reporter should get as much detail as possible before making a report.		
13. There is no punishment in the law for mandated reporters who do not report suspected child abuse.		
14. A physician who is treating a child may take or retain temporary protective custody of a child without a court order or consent of the parent or guardian, if the physician has reasonable cause to believe the child is in a circumstance or condition that presents an imminent danger to the child's health or life or as a result of suspected abuse or neglect.		

15. Child abuse includes: **Circle all that apply.**

- Physical abuse
- Neglect
- Sexual abuse
- Emotional abuse

16. The following may be signs of abuse: **Circle all that apply.**

- Unexplained bruises, welts, and burns
- Consistent hunger
- Unkempt and dirty clothing
- Inappropriate sexual play
- Neo-natal abstinence syndrome
- Antisocial or destructive behaviors
- Withdrawal or depression
- Lack of age appropriate supervision

17. The following are risk factors for child abuse: **Circle all that apply.**

- Social isolation
- Parental or caregiver substance abuse
- Young and inexperienced parents
- Income below the federal poverty level
- Mental illness
- Parental unemployment

18. The following are protective factors for prevention of child abuse: **Circle all that apply.**

- Family seeks professional help and support when needed
- Public health personnel look for potential risks to children during home visits or patient visits
- Community provides supportive health and social networks
- Public health staff model appropriate social behavior and show respect for all

Appendix I

**POST TEST ANSWERS
FOR MANDATORY REPORTERS OF CHILD ABUSE AND NEGLECT**

Name of Employee _____

Date of Training _____

Check the correct answer	True	False
1. All public health personnel are mandated to report suspected child abuse, neglect, emotional abuse, or sexual abuse.	✓	
2. Physical abuse is the most common type of child abuse.		✓
3. Children do not sexually abuse other children.		✓
4. The majority of child deaths due to child abuse are among ages 0-4 years.	✓	
5. Reports of suspected child abuse are made to DFCS or, if the suspected abuser had access to the child in his or her role as an employee or volunteer for a hospital, school, social agency, or similar facility, to the person in charge of such hospital, school, social agency, or facility.	✓	
6. In order to make a report of suspected child abuse, a mandated reporter must have proof that a child is being harmed.		✓
7. Abused children are most often abused by their biological parents.	✓	
8. Employees may consult the DHD prior to submitting a report to DFCS as long as the report is made within 24 hours of initial suspicion of child abuse.	✓	
9. The name of the person who reports child abuse will be given to the family.		✓
10. Once suspected child abuse has been observed it must be reported within 72 hours.		✓
11. The purpose of reporting suspected child abuse is to punish the parents.		✓
12. If a child reveals information about child abuse the mandated reporter should get as much detail as possible before making a report.		✓
13. There is no punishment in the law for mandated reporters who do not report suspected child abuse.		✓
14. A physician who is treating a child may take or retain temporary protective custody of a child without a court order or consent of the parent or guardian, if the physician has reasonable cause to believe the child is in a circumstance or condition that presents an imminent danger to the child's health or life or as a result of suspected abuse or neglect.	✓	

15. Child abuse includes: **Circle all that apply.**

- Physical abuse ✓
- Neglect ✓
- Sexual abuse ✓
- Emotional abuse ✓

16. The following may be signs of abuse: **Circle all that apply.**

- Unexplained bruises, welts, and burns ✓
- Consistent hunger ✓
- Unkempt and dirty clothing ✓
- Inappropriate sexual play ✓
- Neo-natal abstinence syndrome ✓
- Antisocial or destructive behaviors ✓
- Withdrawal or depression ✓
- Lack of age appropriate supervision ✓

17. The following are risk factors for child abuse: **Circle all that apply.**

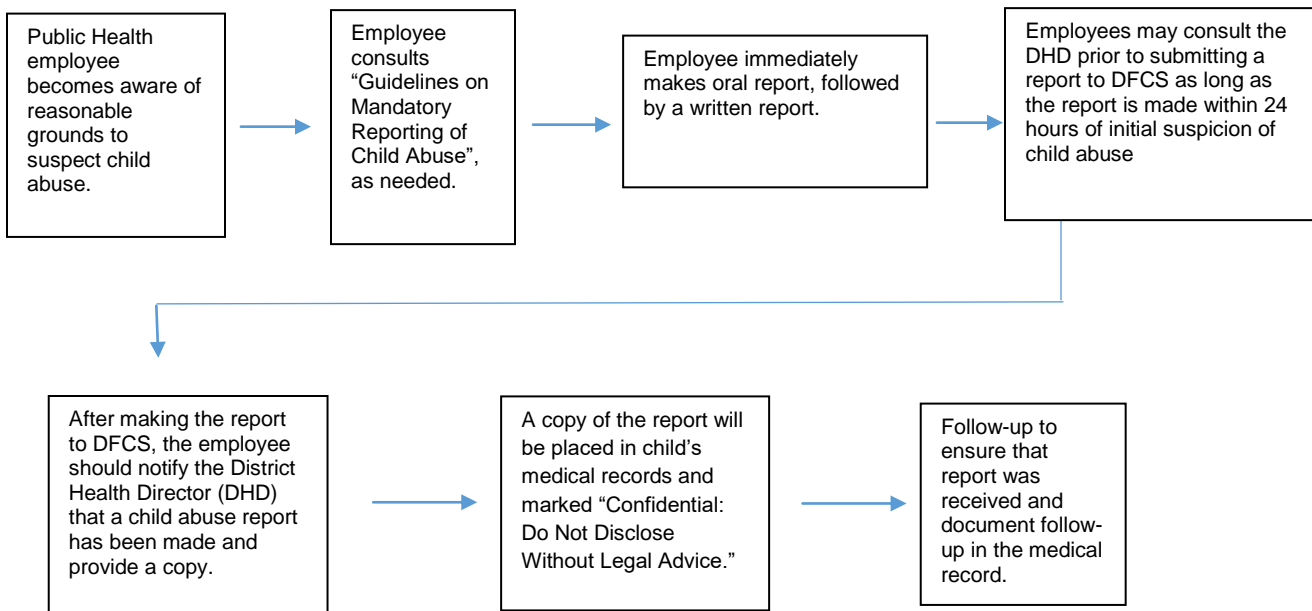
- Social isolation ✓
- Parental or caregiver substance abuse ✓
- Young and inexperienced parents ✓
- Income below the federal poverty level ✓
- Mental illness ✓
- Parental unemployment ✓

18. The following are protective factors for prevention of child abuse: **Circle all that apply.**

- Family seeks professional help and support when needed ✓
- Public health personnel look for potential risks to children during home visits or patient visits ✓
- Community provides supportive health and social networks ✓
- Public health staff model appropriate social behavior and show respect for all ✓

Appendix J

FLOWCHART FOR MANDATORY REPORTING OF CHILD ABUSE



Appendix K

Action Steps for County Board of Health Employees Who Suspect Child Abuse

Who is required to report?

Georgia law requires nurses and **all public health employees** to report suspected child abuse.

When do I report?

Remember that the obligation to report arises when there is “reasonable cause to believe that child abuse has occurred.” Reasonable cause means that you have an objective, factual basis to believe that the child may have been abused. It means that your belief is based on more than a hunch, although not proof beyond a reasonable doubt.

How do I report?

Suspected cases of child abuse must reported immediately, and at least within 24 hours.

Reports are made orally or in writing (or online). If the report is made orally, a written follow-up report must be made.

After a report is made, the employee should notify the DHD and supply a copy of the report.

Where and who do I report to?

Mandatory reports are made to one of three entities depending on the identity of the abuser:

If the abuser has access to the child through his or her work, such as hospital, school, or social agency, the report must be made to the person in charge of that facility (hospital, school, social agency, or other similar facility).	If the child is in a life threatening situation or immediate danger, the report should be made immediately to law enforcement. A follow-up report to Division of Family and Children Services (DFCS) should be made as soon as possible after.	In all other cases of suspected child abuse, the report should be made to DFCS.
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Please remember that the County Board of Health employee may consult the District Health Director (DHD) prior to making any report, and that in any event, if a report was made, the DHD should be notified and supplied with a copy of the report.

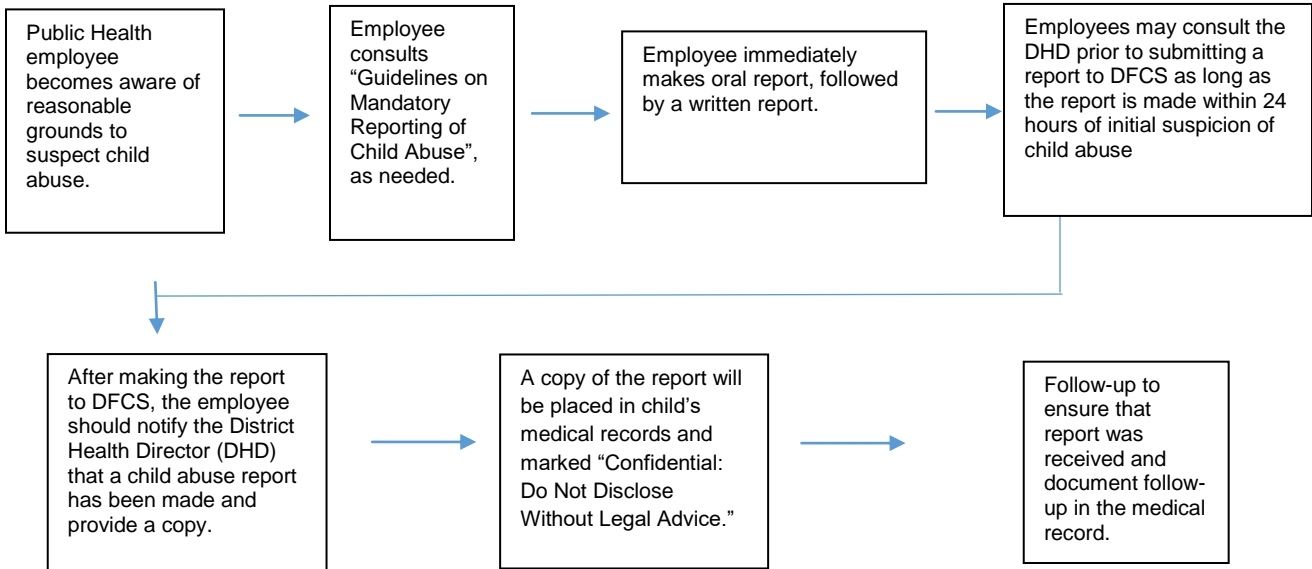
What about after I report?

As a mandated reporter, you are not responsible for investigating the facts or deciding whether the child has in fact been abused- that is the role of DFCS.

After a report was made, the employee should notify the DHD and supply a copy of the report.

A written copy of the report should also be maintained in the child’s health record, labeled as “confidential and not available for release without legal advice”.

The reporter must follow up with DFCS to assure that the report was received and document that follow up in the medical record.



REFERENCES

1. Official Code of Georgia Annotated (O.C.G.A.) § 19-7-5.
2. Official Code of Georgia Annotated (O.C.G.A.) § 15-11-131.
3. “Prevent Child Abuse Georgia,” *Promises to Keep Training Curriculum*; November 2006, revised February 2007.
4. Adapted in part from Broadhurst, D. D.; Edmunds, M.; and MacDicken, RA, *Early Childhood Programs and Prevention Treatment of Child Abuse and Neglect, the User Manual Series*, U. S. Department of Health, Education and Welfare, Washington, D.C., 1979.
5. Adapted in part from Giardino, A.P.; Giardino, E.R.; Shaw, L.; Speck, P., *Recognition of Child Abuse for the Mandated Reporter*, 4th Edition. G.W. Medical Publishing, Inc., St. Louis, Missouri, 2015.
6. State of Georgia Division of Family and Children Services <http://dfcs.dhs.georgia.gov/child-abuse-neglect>
7. Adapted in part from Child Welfare Information Gateway. (2013) What is child abuse and neglect? Recognizing the signs and symptoms. Washington, D.C.: U.S. Department of Health and Human Services, Children’s Bureau.