



DCF Legislative Testimony

March 4, 2026

TESTIMONY OF: Tanya Keys, Deputy Secretary Department for Children and Families

TESTIMONY ON: Informational hearing: HB2742 — Enacting the family rights in medical investigations act to provide requirements for the reporting of suspicions of abuse or neglect of a child for medical professionals and require a medical professional to provide notice to a parent of a CARE exam and allow parents to request a second medical opinion.

DCF | CHILD ABUSE REVIEW AND EVALAUTION (CARE) REFERRALS

Chair Howerton and members of the committee. Thank you for the opportunity to provide information on activities and responsibilities of the Department for Children and Families regarding referrals for a child abuse review and evaluation referral, also known as a CARE referral.

BACKGROUND

In May 2023, Child Abuse Review and Evaluation Referral (CARE) went into effect requiring the Kansas Department for Children and Families (DCF) or law enforcement agencies to make referrals to Medical Resource Centers and CARE providers. The purpose of a CARE referral is to connect children and families with a network of medical professionals to receive recommendations regarding medical treatment that a child may need. Child Abuse Review and Evaluation Referral and similar related terms are defined in K.S.A. 38-2202 and the reporting and review requirements are set forth in K.S.A 38-2226 (a).

There are two primary DCF activities related to CARE referrals. Specific to DCF responsibilities, a "CARE referral" is a brief written review of allegations of physical abuse, emotional abuse, medical neglect or physical neglect submitted by a DCF child protection specialist (or law enforcement agency) to a child abuse medical resource center for a recommendation of such child's need for medical care that may include a CARE Exam. Further, when the DCF child protection specialist receives a completed review from a medical provider, they shall consider and include the completed review in making recommendations regarding the care, safety and placement of the child and maintain the completed review in the case record.

Who is involved in the CARE Referral Process?



The Kansas Protection Report Center (KPRC)

KPRC is involved in reviewing reports and assigning reports to DCF Child Protection Specialists (CPS).



Child Protection Specialist (CPS)

The CPS refers the reports with children under the age of 6, alleged to be a victim of physical abuse and/or physical neglect, to a Medical Resource Center.



Medical Resource Centers (MRC)

MRC review the referred reports and provide recommendations to the CPS regarding medical treatment.



CPS and Families

The CPS talks with families about the recommendation. If the MRC recommends medical treatment, the CPS helps connect children and families to a CARE Provider.



CARE providers

CARE providers are located across Kansas to help provide exams or treatment to children.

CURRENT POLICY AND PROCEDURE

Current statewide DCF policy and procedure require that when a report is assigned for investigation alleging physical abuse or physical neglect of children under the age of 6, the CPS Specialist shall make a Child Abuse Review and Evaluation (CARE) referral for each child listed as an alleged victim (or later determined and added as an alleged victim.) The CARE referral shall be made within three business days from the date of when the CPS Specialist (or designee) first observes the child. In situations where the child is unable to be located, the referral is still required. DCF specific policies regarding CARE are located in the [Policy and Procedure Manual](#) Section 2450 complimented by referral [Form 2450 CARE Referral](#) and [CARE Referral Handout](#) for parents and caregivers. Between June 2023 and January 31, 2026, there have been 7,654 CARE referrals, of which 12% received a response from the medical resource center that a medical examination by a CARE provider was needed (Table 1.) Most responses to referrals (74%) show that no medical/forensic evaluation is required based on information provided in the referral.

When the child protection specialist receives the recommendation from the Medical Resource Center and/or CARE provider, the CPS Specialist discusses the recommendations with the caregiver of the child and, if recommended, connect the family with a CARE provider and forward the recommendations to the CARE exam provider.

The protection specialist considers the response, recommendations and outcome of a CARE referral in dialogue alongside the family and caregiver as assessment decisions and safety planning is completed. Responses or recommendations from the CARE review are used to connect families and caregivers to their health care providers and facilitate conversations about support or referrals to other meaningful supports for children or family services in communities.

The primary mechanism of a DCF CARE referral for a through the Integrated Referral and Intake System (IRIS) managed by the Center for Public Partnerships and Research at the University of Kansas. Parents and/or caregivers of the child are provided a [CARE Referral Handout](#). The child protection specialist engages in conversation with the parents and/or caregivers to obtain consent to use of IRIS to make the (digital) referral. The consent form provides information on data privacy and security of identifying information. If after receiving information to inform them of the IRIS referral system, the parent does not consent, a referral is made to a designated email address for CARE referrals using Form PPS 2450.

RELATED DATA

DCF has limited descriptive aggregate management information on CARE referrals. The total number of referrals since implementation by medical resource center recommendation and DCF region is in Table 1. For context of county level data, a recent snapshot of referrals for counties with more than 1 referral in January 2026 is in Table 2.

**Table 1: Medical Resource Center (MRC) Completed Responses by DCF Region
(June 2023 through January 31, 2026)**

MRC Referral Responses	Kansas City	Northeas	Northwest	Southeast	Southwest	Wichita	Total	%
Case review by a CARE provider needed	19	29	27	27	33	62	197	2.6%
Child should be seen in the Emergency department	0	1	0	2	0	0	3	0.0%
Medical exam by CARE provider already completed	71	24	32	30	35	195	387	5.1%
Medical examination by a board-certified child abuse pediatrician needed	1	2	4	0	3	6	16	0.2%
Medical examination by a CARE provider needed	188	132	100	164	110	199	893	11.7%
Medical examination by general practitioner needed	32	28	76	41	119	185	481	6.3%
No medical/ forensic evaluation required based on information provided	678	785	710	994	968	1,521	5,656	73.9%
Other	4	1	3	2	2	9	21	0.3%
Total	993	1,002	952	1,260	1,270	2,177	7,654	100%
Region as a % of total	13.0%	13.1%	12.4%	16.5%	16.6%	28.4%	100%	

Table 2: Kansas Counties in January 2026 with more than 1 CARE Referrals

