

MANDATED REPORTER TRAINING

Presented by the Kansas Department for Children and Families



Presented by



LEARNING OBJECTIVES

MANDATED REPORTERS

- Recognize when poverty is impacting a family
- Describe what to expect when calling the Kansas Protection Report Center
- List allegation types for child abuse or neglect
- Identify the difference between risk and safety
- Recognize decisions made regarding child safety at different points during DCF involvement, and how risk and safety factors impact these decisions
- Distinguish the difference between protective actions and service recommendations
- Learn about the DCF findings of abuse or neglect for child





GUIDES SOCIAL WORK PRACTICE MANDATED REPORTERS

- Child Abuse Prevention and Treatment Act (CAPTA)
- Kansas Statutes Annotated K.S.A.
(Kansas Code for the Care of Children & Adult Abuse/Neglect)
- Kansas Administrative Regulation (K.A.R.)
- DCF Policy and Procedure Manual (PPM)

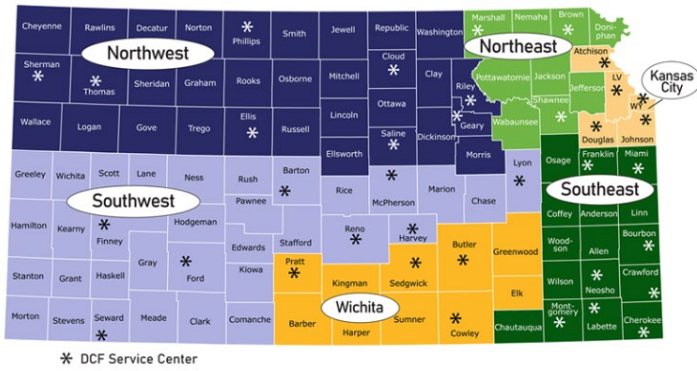


AUTHORITY TO INVESTIGATE MANDATED REPORTERS

- Kansas Statutes Annotated K.S.A. 38-2226**
(Kansas Code for the Care of Children) Investigation for child abuse or neglect
- The Secretary and law enforcement officers shall have the duty to receive and investigate reports of child abuse or neglect, for the purpose of:
 - Determining whether the report is valid
 - Whether action is required to protect the child



DUTY TO RECEIVE KANSAS PROTECTION REPORT CENTER (KPRC)



STATE STATUTE CHILD ABUSE AND NEGLECT

K.S.A 38-2223

When any mandated reporter has reason to suspect that a person has been harmed as a result of physical, mental or emotional abuse, neglect, or sexual abuse, the person shall report the matter promptly to DCF and/or law enforcement.



STATE STATUTE DO I NEED "PROOF" TO REPORT?

- Anyone can make a report when they have a **"reason to suspect"** that child has been harmed as a result of abuse or neglect.
- **"Reason to suspect"**: a suspicion or belief that abuse and or neglect may have occurred or a discrepant or inconsistent history in explaining what happened.
 - Example: The caregiver indicates that bruising was due to an accidental fall, however the bruising appears on parts of the body that are inconsistent with this explanation.



STATE STATUTE

WHO IS MANDATED TO REPORT?

- School employees
- Child care providers
- Law enforcement, firefighters, EMT
- JIAC, court services, community corrections
- Medical professionals (doctors, nurses, etc.)
- Licensed mental health professionals
- Persons providing social services to pregnant teens



STATE STATUTE

FAILURE TO REPORT CHILD ABUSE

K.S.A. 38-2223 (e)(1) and (2)

- Willful and knowing failure to make a report required by this section is a class B misdemeanor. It is **not** a defense that another mandatory reporter made the report.
- Intentionally preventing or interfering with the making of a report required by this section is a class B misdemeanor.



STATE STATUTE

LOCAL "POLICIES" VS. STATUTE

K.S.A. 38-2223 (e)(1)

Some agencies expect staff to discuss abuse before reporting. However, if a mandated reporter has "reason to suspect" abuse/neglect, it is his/her statutory obligation to report, whether or not the supervisor is in agreement.



STATE STATUTE

PROTECTION FOR REPORTERS OF CHILD ABUSE

K.S.A. 38-2224 (a) and (b)—for suspected Child Abuse or Neglect

- No employer shall terminate the employment of, prevent or impair the practice or occupation of, or impose any other sanction on, any employee because the employee made an oral or written report to, or cooperated with an investigation by, law enforcement or the secretary relating to harm inflicted upon a child which was suspected by the employee of having resulted from the physical, mental or emotional abuse or neglect or sexual abuse of a child.
- Violation of this section is a class B misdemeanor



STATE STATUTE

PROTECTION FOR REPORTERS OF CHILD ABUSE

• For Suspected Child Abuse or Neglect

- Any person who willfully and knowingly makes a false report pursuant to this statutory provision or makes report that such person knows lacks factual foundation is guilty of a class B misdemeanor.
- Kansas law provides reporters immunity from civil liability if a report is made without malice and in good faith [K.S.A. 38-2209]



CONFIDENTIALITY

MANDATED REPORTERS

Specific to Suspected Child and Adult Abuse or Neglect

- Statute and DCF policy provide that the identity of the reporter of suspected child/adult abuse/neglect generally not be disclosed.
- This protection is not absolute:
 - If a case is heard in court, and DCF is ordered by a judge to release the name of the reporter
 - If a DCF finding is appealed and heard in a DCF administrative hearing, there is a possibility that the reporter's name may be disclosed in those proceedings.



POVERTY IN CHILD WELFARE
When is it neglect?

POVERTY IN CHILD WELFARE
ROLE OF POVERTY

- Poverty is a risk factor for neglect but poverty does NOT equal neglect.
- Poverty makes it more challenging for parents to meet certain needs.
- Poverty does not mean the child is unsafe, unloved or that a parent lacks capacity to care for the child.

<https://chronicleofsocialchange.org/child-welfare-2/time-for-child-welfare-system-to-stop-confusing-poverty-with-neglect/40222>

POVERTY IN CHILD WELFARE
POVERTY RELATED ADVERSITY

- Food or housing insecurity
- Lack of access to health care
- Lack of child care resources
- Uneven or no economic supports or resource
- Uneven or no resources for transportation

POVERTY IN CHILD WELFARE

DIFFERENT WAY OF THINKING

Support the family before the needs escalate to a hotline report.

- What basic supports could you provide the family?
 - Referrals for rent assistance
 - Food banks
 - Application for medical coverage
 - Mental health resources
- Can you partner with other community supports?
 - Identify who else is working with the family and elicit help
 - Rally around the family struggling





MAKING A REPORT

HOW ARE REPORTS RECEIVED?

- **Telephone: 1-800-922-5330**
 - Operates 24/7, including weekends and holidays
- **Online: www.dcf.ks.gov**
 - Recommended use of Internet Explorer
 - *Quick Guide—How to make an online report* is available on the DCF website



MAKING A REPORT

DCF FACTS

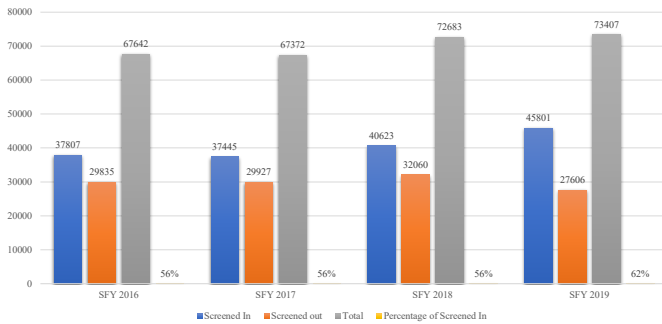
- DCF received more than 73,000 reports on children in SFY 2019.
- DCF received more than 91,000 reports of both child and adults in SFY 2019.



MAKING A REPORT

REPORTS RECEIVED AND ASSIGNED (CHILD)

NUMBER OF CHILD REPORTS RECEIVED



MAKING A REPORT

TIPS IF YOU SUSPECT ABUSE/NEGLECT

- Keep in mind it is often difficult for a child to disclose situations of abuse/neglect. The child may have been threatened not to tell. The child may feel ashamed, embarrassed, anxious or scared.
- Maintain a calm expression. The child's story may be emotional. If expressions of shock or other emotions are displayed, the child may choose not to disclose.
- Limit questions to obtain only the minimal information need to make a report. Remember "a reason to suspect" is the criteria to make a report.



MAKING A REPORT

TIPS IF YOU SUSPECT ABUSE/NEGLECT

- Do not put words in the child's mouth. Asking leading questions may unintentionally alter the facts of the case. A report may be made without asking for additional details.
 - Leading question example: "Did your father hit you with a belt?"
- Do not promote the child to keep the disclosure a secret. Reassure the child, and explain you will call someone who can help.
- Reassure the child the information will not be shared with peers or anyone who does not need to know to keep him/her safe.



MAKING A REPORT

ADDITIONAL CONTACT

It is important for reporters to leave contact information, so the KPRC Specialist will be able to connect with them to ask additional questions and gather additional information that may be essential in determining the safety of the child/adult.



MAKING A REPORT

INFORMATION YOU WILL NEED

- **Names**
 - Victim, person causing harm, caregiver, siblings, witness, relatives, others in the household, etc
- **Address**
- **Phone numbers**
- **Date of birth and Social Security number**
- **Race and ethnicity**



MAKING A REPORT

QUESTIONS YOU WILL BE ASKED

WHO...

- Who was the person that caused harm or injury to the child(ren)?
- Who else has knowledge of what occurred?
- Who can protect the child(ren)?
- Who all lives in the home?



MAKING A REPORT

QUESTIONS YOU WILL BE ASKED

WHAT...

- What did the victim say happened (provide details and exact statements)?
- What were the circumstances surrounding the incident?
- What have you observed regarding the concerns?
- What does the child say about returning home?
- What is the child's functioning level?
- What has your interaction been with caregiver?
- What does the injury look like, if injury is present?



MAKING A REPORT

QUESTIONS YOU WILL BE ASKED

WHEN...

- When did, the incident happen (date)?
- When will the child have contact with the alleged perpetrator?
- When was law enforcement contacted, if an emergency existed?



MAKING A REPORT

QUESTIONS YOU WILL BE ASKED

WHERE...

- Where does the child have an injury?
- Where did the incident happened i.e. physical location?
- Where can the child currently be located (what time school gets out, after school plans, etc)?



MAKING A REPORT

IT MAY BE USEFUL TO KNOW

K.S.A. 38-2209-38-2213 Confidentiality Statutes

The reporter shall disclose protected health information (PHI) freely and cooperate fully with DCF and law enforcement throughout the investigation and any subsequent legal processes.



MAKING A REPORT

ONLINE REPORTING

Tips

- Please have all information prior to submitting the report. The website will time out at 60 minutes.
- Attachments may be added to the web intake.
- Use Internet Explorer
- Go to www.dcf.ks.gov



MAKING A REPORT

ONLINE REPORTING

Incident Information
In this section, you will describe what caused you to fill out a report on the alleged victim. If anyone saw the incident happen, you will need to add their contact information to the Other Participant Section. Please answer as many of the following questions as you can.

On what date did the incident occur? What Time? 10:00 AM

Where did the incident occur?

Did the incident occur at an Agency or Facility?

Agency/Facility Name

Agency/Facility Phone Number

Incident Street

Incident Apt/PO Box Number

City State Zip Code

County

Has law enforcement been involved?

Sending Additional Documentation via

Please describe the incident in detail and include the following information.

What has happened that led you to report today?

Why do you suspect abuse/neglect/exploitation?



MAKING A REPORT

ONLINE REPORTING

How did you become aware of the suspected abuse/neglect/exploitation?

1000 characters remaining

What are the circumstances surrounding the suspected abuse/neglect/exploitation?

1000 characters remaining

What information do you have on the victim's functioning on a day-to-day basis? (For child reports only)

600 characters remaining

What information do you have about the parent's discipline approaches? (For child reports only)

600 characters remaining



MAKING A REPORT

ONLINE REPORTING

What information do you have about how the caregiver functions on a day-to-day basis? (For child reports only)

600 characters remaining

Do you think there is risk to our Investigator?

If Yes, please explain.

Alleged Victim Information required

Alleged Perpetrator Information required

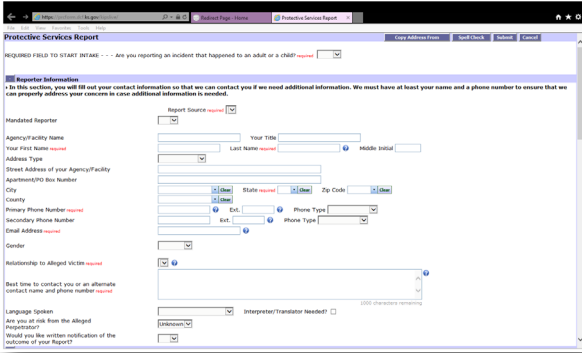
Other Possible Participant Information

Attachments



MAKING A REPORT

ONLINE REPORTING



MAKING A REPORT

HELPFUL INFORMATION

- If you make a report online you will receive an email with the event or intake ID number.
- If you request notification of the results of the call you will receive a letter telling you if the report was assigned or not assigned.
- You will not be able to gain additional information about what happens during the investigation without a signed release of information.





INITIAL ASSESSMENT

WHAT HAPPENS AFTER YOU MAKE A REPORT?

- Completed by Protection Specialists and Intake Protection Specialists
- Complete the Structure Decision Making (SDM) Intake Assessment
- Assess risk and safety factors
- Apply abuse/neglect definitions



INITIAL ASSESSMENT

FACTORS TO CONSIDER

- | | |
|--|--|
| Child's age | Recency of an injury |
| Perpetrator's access to children | Current condition/behavior of the child |
| Physical/mental condition of caregiver | Agency action needed to protect children from harm |
| Location of the injury | Action needed to preserve evidence |
| Seriousness of incident | Prior agency involvement |
| Medical needs of the child | |
| Child's ability to protect self | |
| Others' ability to protect child | |



INITIAL ASSESSMENT

ABUSE/NEGLECT ALLEGATION TYPES

- Physical Abuse
- Sexual Abuse, includes Human Trafficking
- Mental/Emotional Abuse
- Physical Neglect
- Medical Neglect
- Lack of Supervision
- Abandonment
- Educational Neglect
- Substance Affected Infant



INITIAL ASSESSMENT

FAMILY IN NEED OF ASSESSMENT (FINA)

- Caregiver Substance Use
- Caregiver Unable/Unavailable to Provide Care
- Child Substance Abuse
- Children with Behavior Problems
- Infant Positive for Substances
- Less than 10 Years of Age Committing an Offense
- Runaway
- Truancy

PWS

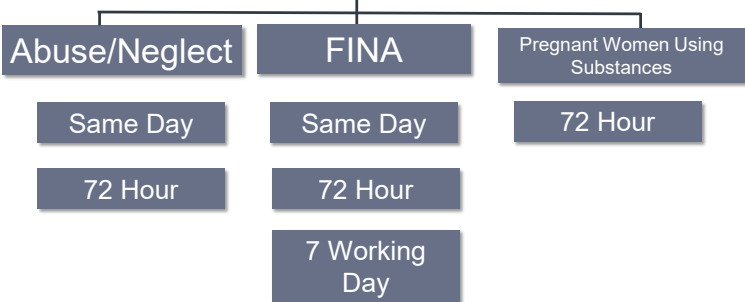
- Pregnant Woman Using Substances



INITIAL ASSESSMENT

DETERMINING THE RESPONSE TIME

DCF Assignment Types and Response Times



INITIAL ASSESSMENT

CRITERIA FOR SAME-DAY ASSIGNMENT

- The alleged victim is under 1 year of age
- Any child with current marks or bruises
- Life-threatening situation for a child of any age
- Sexual abuse of a child, and the alleged perpetrator resides in the home
- Child without minimal care to prevent loss of life or serious injury
- Child in Police Protective Custody





ASSESSMENT AND PREVENTION SAFETY DETERMINATION

- **Same Day**—Safety must be determined by the assigned DFC Specialist, or at least appropriately attempted by the end of that work day.
- **72 Hour**—Safety must be determined within 72 hours. This excludes weekends and State holidays.



ASSESSMENT AND PREVENTION DETERMINING CHILD SAFETY

- In person contacts with the alleged victim(s)
- Neutral setting—school (K.S.A. 28-2226 (g))
- Consider safety factors, such as:
 - Severity of harm to the child
 - Imminent danger types
 - Child vulnerability
 - Caregiver protective factors
 - Non-abusing caregiver willing and able to protect
 - History of abuse/neglect



ASSESSMENT AND PREVENTION INTERVIEWS

- Alleged victim
- Primary caregiver of alleged victim
- Siblings residing in the home, facility or placement
- Alleged perpetrator
- Siblings not residing in same home
- Adult sibling(s) living in same home
- Persons identified as having relevant information



ASSESSMENT AND PREVENTION SAFETY AND RISK ASSESSMENTS



ASSESSMENT AND PREVENTION SAFETY ASSESSMENT

- Evaluate imminent danger to a child
- Considers:
 - Safety factors
 - Immediate medical concerns
 - Protective action
 - Perpetrator access
- Assist the CPS Specialist in determining the need for protection action



ASSESSMENT AND PREVENTION
SAFETY DECISION

- Safe
- Safe with an immediate safety plan
- Unsafe



ASSESSMENT AND PREVENTION
UNSAFE DECISION

The answer to the following is “yes”:

- Is the child abandoned?

Or, all three of the following must be “yes”:

- Is the child in imminent danger?
- Does the perpetrator have access to the child?
- Is the non-abusing caregiver unable to protect the child?



ASSESSMENT AND PREVENTION
PROTECTIVE ACTION

DCF can NOT remove a child from the home. Only law enforcement, a court services officer, or the Court can remove children from their home.

K.S.A 38-2231



ASSESSMENT AND PREVENTION PROTECTIVE ACTION

- Request police protective custody
- Request an ex parte or temporary custody order from the court through the county or district attorney



ASSESSMENT AND PREVENTION TEMPORARY CUSTODY

When a child is placed in PPC or temporary DCF custody, a hearing must be held within 72 hours to determine if the children can safely return home, or if out-of-home placement is needed.



ASSESSMENT AND PREVENTION TOOLS AND ASSESSMENTS

Signs of Safety

- Asks what are we worried about, what's going well and what needs to happen?
- Balanced assessment of strengths and existing safety.

Team Decision Making

- Families invite their support networks
- Decision created results in strongest plan for safety

Family Finding

- Engagement and family meeting model
- Includes youth and family in searching for relatives



ASSESSMENT AND PREVENTION SERVICE DECISION

May include:

- Referrals to community services and supports
- Family Services
- Family First Prevention Services
- Family Preservation Services
- Foster care



ASSESSMENT AND PREVENTION SERVICE DECISION



- | | | |
|---|---|--|
| <p>FAMILY SERVICES</p> <ul style="list-style-type: none"> • Non-crisis, can be concrete goods • Family In Need of Assessment | <p>FAMILY FIRST PREVENTION SERVICES</p> <ul style="list-style-type: none"> • Child at risk of removal • Based on assessment and individual need • Specified categories of service; mental health, substance use disorder, parent skill building, kinship navigation | <p>FAMILY PRESERVATION</p> <ul style="list-style-type: none"> • Child at risk of removal • Based on assessment and individual need • Tier 1 and Tier 2 |
|---|---|--|



ASSESSMENT AND PREVENTION FAMILY FIRST PREVENTION SERVICES

- In order to make a referral to a Family First Prevention Provider, DCF must have an open case.
- Evidence-based services are unique to each county with a focus on:
 - Mental health
 - Substance use disorder
 - Parent skill building
 - Kinship navigator programs



ASSESSMENT AND PREVENTION FAMILY PRESERVATION SERVICES

24/7 availability to the family for crisis stabilization and ongoing intervention.

Tier 1

Intensive In-Home Family Preservation Services

- Provided by a master's level practitioner with intent to mitigate immediate child safety concerns, stabilize family crisis and assess the family's needs.
- Services last approximately six weeks.
- Will meet with the family intensively, consistent with the applied evidence-based model.

Tier 2

Short-Term Family Preservation Case Management Services

- Provided by a worker dyad consisting of assigned Case Manager and a Family Support worker, assessing for existing risk and emergent safety issues and when identified, initiative services to stabilize support the family.
- Services shall last three to six months.
- The case manager will meet with the family at a minimum of one hour face to face weekly.



ASSESSMENT AND PREVENTION CASE FINDING PURPOSE

The purpose of the case finding is to inform:

- When abuse/neglect has occurred; and
- Whether the identified perpetrator should be permitted to reside, work or regularly volunteer in a child care facility.



ASSESSMENT AND PREVENTION CASE FINDING

Possible DCF case findings are based on the evidentiary standard of preponderance of the evidence:

- Unsubstantiated
- Affirmed
- Substantiated
 - Placed on DCF Central Registry



ASSESSMENT AND PREVENTION
UNSUBSTANTIATED CASE FINDING

A reasonable person weighing the facts or circumstances would conclude it is more likely than not (**preponderance of the evidence**) the alleged perpetrator's actions or inactions do not meet the abuse and/or neglect definitions per applicable Kansas Statutes Annotated (K.S.A) and Kansas Administrative Regulations (K.A.R).



ASSESSMENT AND PREVENTION
AFFIRMED CASE FINDING

A reasonable person weighing the facts and circumstances would conclude it is more likely than not (**preponderance of the evidence**) the alleged perpetrator's actions or inactions meet the abuse and/or neglect definition per applicable Kansas Statutes Annotated (K.S.A) and Kansas Administrative Regulations (K.A.R).



ASSESSMENT AND PREVENTION
SUBSTANTIATED CASE FINDING

Meet each of the following criteria:

- Affirmed for abuse/neglect
- Perpetrator's actions, behaviors, omissions meet one of the following:
 - Intent to commit the act that resulted in harm; and/or
 - Reasonable person would have anticipated harm would occur to the child; and/or
 - Harm was the result of failure or refusal to protect the child; and
 - There was serious harm, injury or deterioration to the child; or there was a likelihood of, or endangerment of serious harm, injury or deterioration to the child.



ASSESSMENT

SUBSTANTIATED CASE FINDING

A substantiated case finding results in the perpetrator's name being placed on the **Kansas Child Abuse/Neglect Central Registry**. The perpetrator is not permitted to reside, work or regularly volunteer in a Kansas Department of Health and Environment or DCF Foster Care and Residential Licensing regulated child care or residential facility.



ASSESSMENT AND PREVENTION

DCF CENTRAL REGISTRY

Purpose of the Central Registry:

- Prevent anyone substantiated from working, residing or regularly volunteering in a facility licensed by KDHE or DCF Foster Care and Residential Licensing



ASSESSMENT AND PREVENTION

CENTRAL REGISTRY CHECK

- Statute allows any agency/organization to submit a Registry Check on their employees, volunteers or other persons involved with their agencies. This is also available to any individual wishing to know if their name is on the Registry.
- DCF must have a signed Release of Information form before a request for a Registry Check can be processed



ASSESSMENT AND PREVENTION
AGENCY GOAL

DCF's goal is always to keep families together, whenever this is safely possible



WEBSITES OF INTEREST

DCF Policy and Procedure Manual

www.dcf.ks.gov/services/PPS/Pages/CPSReports.aspx

Kansas Statutes Annotated (definitions)

www.kslegislature.org



THANK YOU!

Questions

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