CHILD ABUSE / NEGLECT (CA/N)

INTRODUCTION

I. INTRODUCTION

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I. INTRODUCTION

Child protective services (CPS) are based on the conviction that primary responsibility for children's protection rests with their parents, and CPS recognizes that one of children's basic needs is to belong to a family. As phrased in the first White House Conference on Children in 1909, "Home life is the highest and finest product of our civilization. Children should not be deprived of it except for urgent and compelling reasons." Child protective services' overarching goal is to prevent or remedy the abuse and neglect of children and to preserve families. Recognition is given, however, to the fact that "urgent and compelling reasons" do exist in some homes and that some children cannot and should not remain with their parents in certain hazardous conditions.

A. Purpose

1. CA/N Intake

CA/N intake is designed to receive information from the community about children who are allegedly abused/neglected. During the intake process, child welfare staff shall:

- Assist individuals contacting DHR to provide behaviorally specific, detailed information about their concerns;
- Determine if the concerns meet CA/N definitions and whether the children may be at risk of serious harm;
- Identify which CA/N reports must be referred to law enforcement;
- Determine the response time for CA/N assessments conducted by DHR; and
- Provide information to reporters about other DHR programs (e.g., CPS prevention) and/or community resources that may be of assistance when the intake information indicates the children are not at risk of serious harm.

2. CA/N Assessment

CA/N assessment is the process where child welfare staff gathers, analyze, and make decisions about children who are allegedly at risk of serious harm. The purpose of CA/N assessment is to determine whether:

- abuse/neglect has occurred;
- a safety plan is needed; and

- a risk of serious harm to the children exists and on-going services are indicated for the children/family.

B. Children Covered By CA/N Policies and Procedures

CA/N policies and procedures apply to children under the age of nineteen (19). **Note**: Children must be under the age of 19 for the report to be considered a CA/N and entered into the Central Registry.

Please note: The definition of a child is a person under the age of eighteen (18) years or a person under the age of 19 who is in need of protective services and does not qualify for adult protective services under Chapter 9 of Title 38.

The following are some factors to consider when determining the need for protective services for a person 18 years of age:

- Physical Health;
- Mental Health;
- Ability to protect self to include ability to access needed services;
- Living arrangements to include degree of independence;
- Relationship between youth and PAR

For 18-year-olds who do not need protective services, reports should not be taken. Examples of how to assess for the need for protective services include but are not limited to:

- An 18-year-old is attending college and reports a crime of rape; it would need to be determined at intake if that 18-year-old is in need of protective services or if is it a matter for law enforcement and/or victim services.

- An 18-year-old's parents refuse to provide care and support; it would need to be determined at intake if the 18-year-old who is displaced from their home is a child in need of protective services.

C. Child Protective Services Role

Child protective services are provided in response to concerns from all sectors of the community. They are directed toward preventing or remedying the abuse/neglect of children who are unable to protect themselves.

DHR has the responsibility to intervene and provide services so that children's needs for safety can be met. The planning and delivery of services is based on a comprehensive assessment of individual and family needs which occurs through the individualized service planning (ISP) process. CPS include, but are not limited to, receiving child abuse and neglect reports and community concerns regarding child safety; conducting CA/N assessments to determine if children are at risk of serious harm; entering abuse/neglect

information into the State Central Registry; implementing safety plans as needed; and when the case is opened to on-going services, participating in the ISP process.

CPS must be individualized and needs-based. If existing services are unable to meet child/family needs, child welfare staff are responsible for developing need resources/services. Child welfare staff are also responsible for utilizing existing community services such as Department of Public Health; Alabama Cooperative Extension Service; Department of Rehabilitation Services; State Employment Service; Alabama Medicaid Agency; Department of Education; Department of Mental Health; Community Action; Child Care Management Agencies; family service centers; advocacy centers; and domestic violence shelters. DHR programs include food stamps, financial assistance, child support enforcement services, and adult services.

Child welfare staff also have a responsibility to educate the community about child abuse/neglect issues and make the public aware of DHR's role in providing protective services. This can be accomplished in many ways such as addressing civic clubs, churches, parent-teacher groups, school classes; distributing posters and pamphlets; appearing on television or radio programs; and securing public service announcement time through the radio and television media.

Preventing and treating child abuse/neglect is a multi-disciplinary concern and cannot be left entirely to any one agency. In addition to DHR, law enforcement, the courts, mental health agencies, physicians (especially pediatricians), schools, day care centers, medical facilities, and public health agencies will have occasions to observe the results of child abuse and neglect. These groups must work collaboratively to prevent, discover, and treat abuse/neglect.

D. Legal Base

This policy has been developed to comply with the *Code Of Alabama* 1975 which describes DHR's statutory obligations related to child abuse/neglect (Title 26) and general duties, powers, and responsibilities (Title 38) as well as best practice.

E. Child Abuse/Neglect Reporting

In order to protect children from abuse/neglect, the Alabama legislature provided for the reporting of child abuse/neglect to appropriate authorities. The legislature's intent was that, through the cooperation of state, county, local agencies, and government divisions, protective services would be made available in an effort to prevent future abuse/neglect.

Code of Alabama 1975 § 26-14-1 provides for the mandatory and permissive reporting of child abuse/neglect to a "duly constituted authority," primarily DHR and law enforcement, when any person suspects children are being abused or neglected, and § 26-14-9 provides for immunity from any liability, civil or criminal, that might otherwise be incurred or imposed when any person makes a report in good faith.

1. Mandatory (§ 26-14-3)

Code of Alabama 1975 § 26-14-3 as amended by ACT 2026-375, An individual or entity identified as a mandatory reporter shall submit an oral report to a law enforcement official or the Department of Human Resources immediately upon knowing or suspecting that a child is a victim of child abuse or neglect, receiving a report from a third party that a child is or is suspected of being a victim of child abuse or neglect, or obtaining any information that would lead a reasonable person to believe or suspect that a child is a victim of child abuse or neglect. The individual or entity shall submit an additional written report (DHR-FCS-1593) to the official or department within seventy-two (72) hours of the oral report.

Mandatory reporters include:

- all hospitals,
- clinics,
- sanitariums,
- doctors,
- physicians,
- surgeons,
- medical examiners,
- coroners,
- dentists,
- osteopaths,
- optometrists,
- chiropractors,
- podiatrists,
- physical therapists,
- nurses,
- public and private K-12 employees,
- school teachers and officials,
- peace officers,
- law enforcement officials,
- pharmacists,
- social workers,
- day care workers or employees,

- mental health professionals,
- employees of public and private institutions of postsecondary and higher education,

  members of the clergy as defined in Rule 505 of the Alabama Rules of Evidence (except for information gained solely in a confidential communication) which includes "any duly ordained, licensed, commissioned minister, pastor, priest, rabbi, or practitioner of any bona fide established church or religious organization,"
- any person called to render aid or medical assistance to a child.

Immediately upon the receipt of a report made to a law enforcement official, law enforcement official shall inform the Department of Human Resources of the report so that the department can carry out its responsibility to provide protective services when deemed appropriate to the respective child or children.

Mandated reporters shall be required to report, orally, either by telephone or direct communication immediately, followed by a written report [submit DHR-FCS-1593, Written Report OF Suspected Child Abuse/Neglect] to a duly constituted authority (e.g., primarily DHR and law enforcement).

2. Permissive (§ 26-14-4)

In addition to those persons, firms, corporations and officials required to report child abuse and neglect, any person may make such a report if that person has reasonable cause to suspect that a child is being abused or neglected. Examples of persons who come under the permissive reporting category include, but are not limited to, parents, relatives, private citizens, and children.

3. Anonymous

Abuse/neglect reports are frequently made by persons who wish to remain anonymous. In many situations an anonymous reporter can be helped to reveal more information if child welfare staff explain DHR's policies and procedures for CA/N reporting and CA/N assessments. Child welfare staff must focus on factual content provided by all reporters as they can be emotionally invested in a situation, and the facts may not be clearly presented.

On occasion reporters may give their name, but state they want to remain anonymous. In this situation, reporters are to be told that all information provided must be included in the Department's record, but their identity is not revealed by the Department to the family involved in the report. Refer to CA/N Intake, III. Information Collection, A. Conduct Interviews, page 3, 2nd bullet, for additional information provided to reporters.