D-202: Health and Safety, Mandated Reporter Statement

Washington law (RCW 26.44.030) REQUIRES certain persons to report known or suspected child abuse or neglect. As an employee or volunteer at a licensed facility, you are one of those persons - a “mandated reporter.”

PERSONS WHO ARE REQUIRED TO REPORT ABUSE
Mandated reporters include;
- Medical practitioners
- Professional school personnel (including child care facility personnel)
- Social services counselors
- Coroners, medical examiners and licensed pathologists
- Registered pharmacists
- Licensed or certified child care providers or their employees
- Department of Social and Health Services (DSHS) employees
- Department of Early Learning employees
- Employees of state and private higher education institutions
- Juvenile probation officers
- Law enforcement
- Department of Corrections employees
- Staff of responsible living skills programs or HOPE centers
- Staff or volunteers in the Family and Children’s Ombudsman Office
- Any adult who resides with a child suspected to have suffered severe abuse
- Any supervisor with a nonprofit or for-profit organization
- Guardians ad litem
- Court Appointed Special Advocates

REPORTING RESPONSIBILITIES AND TIME FRAMES
If there is reasonable cause to believe that a child has suffered abuse or neglect, the report must be made at the first opportunity, but in no case longer than 48 hours. The report must include the identity of the accused, if known.

WHAT IF I DO NOT REPORT ABUSE
Under Washington state law, mandated reporters who knowingly fail to make a report, or cause a report to be made, shall be guilty of a gross misdemeanor (RCW 26.44.080). Upon receiving a report of
alleged child abuse or neglect, the law (RCW 26.44.030) gives CPS access to all relevant records about a child in the possession of mandated reporters and their employees.

CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS
RCW 13.50.100(7)(c) permits (but does not require) Children’s Administration to delete the name and identifying information of persons reporting allegations of suspected child abuse or neglect. Children’s Administration generally does not delete the names of mandated reporters, but does delete the names of other reporters. However, Children’s Administration will delete the name of a mandated reporter if it appears disclosure of the name will create a risk of harm to the reporter or to the child. Even where a reporter’s name is deleted, a family may be able to identify the reporter. Additionally, if the case is brought into court or to an administrative hearing, the reporter’s identity may be revealed either during the judicial/administrative proceedings or earlier, if the juvenile, his or her parents, the juvenile’s attorney and the juvenile’s parent’s attorney, requests the information.

POTENTIAL CHILD ABUSE AND NEGLECT SITUATIONS

Domestic Violence
There is a high co-occurrence of domestic violence in cases of child abuse and neglect. However, a child’s exposure to domestic violence in and of itself, does not constitute child abuse and neglect. Domestic Violence is considered child abuse and neglect when it causes harm or creates a clear and present danger of harm to the child’s health, welfare, or safety.

Corporal Punishment
“Physical discipline of a child, including the reasonable use of corporal punishment, is not considered abuse when it is reasonable and moderate and is inflicted by a parent or guardian for the purposes of restraining or correcting the child. The age, size, and condition of the child, and the location of any inflicted injury shall be considered in determining whether the bodily harm is reasonable or moderate. Other factors may include the developmental level of the child and the nature of the child’s misconduct. A parent’s belief that it is necessary to punish a child does not justify or permit the use of excessive, immoderate or unreasonable force against the child.” (WAC 388-15-009)

“The following actions are presumed unreasonable when used to correct or restrain a child: (1) Throwing, kicking, burning, or cutting a child; (2) striking a child with a closed fist; (3) shaking a child under age three; (4) interfering with a child’s breathing; (5) threatening a child with a deadly weapon; or (6) doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks. The age, size, and condition of the child and the location of the injury shall be considered when determining whether the bodily harm is reasonable or moderate. This list is illustrative of unreasonable actions and is not intended to be exclusive.” (RCW 9A.16.100)
Corporal punishment is not permitted in public schools, foster homes, group homes, and other child-care facilities.
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Unsupervised or “Latchkey” Children
Washington laws do not set a specific age for when a child legally can stay alone. Age alone is not a very good indicator of a child’s maturity level. Some very mature 10-year-old children may be ready for self-care while some 15-year-old children may not be ready, due to emotional problems or behavioral difficulties.

Failure to Obtain Medical Care
Failure of a parent or caregiver to provide needed health care treatment for a condition that, if untreated, could result in illness, developmental delays, or endangerment can be reported to CPS as suspected medical neglect. Children with medically diagnosed diseases or disabilities or under the care of a medical practitioner are at increased risk for medical neglect.

Prenatal Substance Abuse
In 2003, Congress enacted the Keeping Children and Families Safe Act, which requires each state to develop policies and procedures “to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.” In Washington State, health care providers are mandated reporters and are required to notify CPS when there is reasonable cause to believe a child has been abused or neglected. If a newborn has been identified as substance exposed or affected, this may indicate child abuse/neglect and should be reported. It is critical that mandated reporters provide as much information regarding issues/behaviors, risk factors, or positive supports that were observed during the interaction with the family.

NEWBORN SAFETY ACT
The Newborn Safety Act is an act relating to the safety of newborn children. The Legislature’s intent in passing this law was to assure abandonment does not occur and all newborns have an opportunity for adequate health care and a stable home life. The Legislature intends to increase the likelihood pregnant women will obtain adequate prenatal care and will provide their newborns with adequate health care during the first few days of their lives.

This law allows the parent to transfer a newborn (less than 72 hours old) anonymously and without criminal liability if the transfer to a qualified person is at an appropriate location. A qualified person is defined as “any person that the parent transferring the newborn reasonably believes is a bona fide employee, volunteer, or medical staff member of the hospital or federally designated rural health clinic and who represents to the parent transferring the newborn that he or she can and will summon appropriate resources to meet the newborn’s immediate needs; or a fire fighter, volunteer, or emergency medical technician.”

An appropriate location is defined under this legislation as “the emergency department of a hospital licensed under chapter 70.41 RCW during the hours the hospital is in operation; or a fire station during its hours of operation and while fire personnel are present; or a federally designated rural health clinic during its hours of operation.” (RCW 13.34.360)
AS AN EMPLOYEE OR VOLUNTEER OF THIS FACILITY, YOU MUST COMPLY WITH CHILD ABUSE AND NEGLECT REPORTING REQUIREMENTS, AS STATED ABOVE.

I, ____________________________, have read and understand my responsibility to report known or suspected child abuse or neglect. I will comply with the reporting requirements.

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Date Signed