

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL			
	Chapter:	2000	Effective Date:	December 2019
	Policy Title:	Mandated Reporting		
Policy Number:	2015	Previous Policy Update:	MT 1	

REQUIREMENTS

The Official Code Section 19-7-5 updated through the 2000 Session of the General Assembly states: The purpose of this code section is to provide for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection. It is intended that the mandatory reporting of such cases will cause the protective services of the state to be brought to bear on the situation in an effort to prevent further abuses, to protect and enhance the welfare of these children, and to preserve family life whenever possible.

BASIC CONSIDERATIONS

Section One (1) of the above-stated law mandates that all DFCS employees are responsible for reporting suspected child abuse or neglect to Child Protective Services (CPS). The following is a list of what must be reported to CPS:

- observed signs of physical abuse on a child
- observed abusive action imposed on a child
- information about suspected abuse or neglect toward a child disclosed to you during an interview or conversation
- information about suspected abuse or neglect toward a child disclosed to you during a phone call. Refer this person to CPS Intake. Follow-up the conversation with a written referral to CPS Intake. Maintain a copy of the referral in the case record

If there is doubt as to whether or not a report should be made, make the report. CPS intake workers screen all reports and determine whether or not to open an investigation. If there is doubt, err on the side of the child's safety.

PROCEDURES

The following steps should be taken when making a CPS referral:

Step 1: Suspected acts of abuse or neglect toward a child are observed or discovered through conversation.

Step 2: If the behavior is being exhibited in the county office, arrange for the CPS intake worker to talk with the client. Follow up the request to CPS in writing. Make a copy of written referral for case record.

Step 3: If CPS intake is not available or the client is not present, make a written referral to CPS and make a copy of the referral for the case record. Include the following information in the referral:

- child's name, age, gender, address and current location if different from the address
- parent/guardian's name, address, phone number
- reason for referral
- reporter's name, address, phone number and relationship to the child.

Note: The Reporter has the right to remain anonymous. Note that on the referral if this request is made.