HACAP Procedures for Reporting Suspected

Child and Dependent Adult Abuse

**2024-2025**

|  |  |  |
| --- | --- | --- |
|  | Child Abuse | Dependent Adult Abuse |
| Definition | Any person under the age of 18. | “A person eighteen (18) years of age or older who is unable to protect the person’s own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as the result of a physical or mental condition which requires assistance from another, or as defined by departmental rule.” |
| Reporting Responsibilities | The HACAP Employee, who in the course of employment examines, attends, counsels, or treats a child and reasonably believes a child has suffered abuse, and a HACAP volunteer in one of our licensed childcare facilities will make an *oral* report as soon as possible within 24 hours. The suspected abuse report is made by calling the HHS Centralized Intake at 1-800-362-2178. The employee may consult with the center supervisor but must not delay making the report. (See written guidance for what to know when placing the call). Guidance may also be sought from the HS/EHS PFCE Coordinator or HS/EHS Director. Seeking consultation must NOT delay the reporting process. A written report should be completed even if HHS does not accept the oral report for assessment.  Everyone is a permissive reporter and has a general moral responsibility to report suspected abuse. | Any HACAP employee, who in the course of employment examines, attends, counsels, or treats a dependent adult is required by law to report possible or suspected incidents of dependent adult abuse to the Department of Health and Human Services and are designated as mandatory reporters. Social workers employed by a public or private agency are also considered mandatory reporters of suspected abuse.  Mandatory reporters, outside the scope of their professional practice, may also report suspected abuse, but will be regarded as permissive reporters.  Everyone is a permissive reporter and has a general moral responsibility to report suspected abuse. |
| Caretaker Definition | A caretaker or “person responsible for the care of a child” is defined as (a) a parent, guardian, or foster parent (b) a relative or any other person with whom the child resides, and who assumes care or supervision of the child, without reference to the length of time or continuity of such residence (c) an employee or agent of any public or private facility providing care for the child…including a childcare facility (d) any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care. | “A related or non-related person who has the responsibility for the protection, care or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court.” |
| Definition of Abuse | Suspected willful or negligent acts or omissions by a caretaker may be as follows:  *Physical Abuse:* Any non-accidental injury which is at variance with the history given, suffered by a child.  *Mental Injury: Injury* to a child’s intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child’s ability to function within the normal range of performance and behavior.  *Sexual Abuse: Any* sexual offense with or to a person under the age of 18 by a person who resides in the home. (The person responsible does not have to be a caregiver.)  *Denial of Critical Care:* Failure to provide one of more of the following: adequate food and nutrition, shelter, clothing, health care, mental health care, proper supervision, gross failure to meet emotional needs of the child, and/or withholding of medially indicated treatment  *Child Prostitution:* Selling or offering for sex the child’s services as a partner in a sex act.  *Presence of Illegal Drugs:* An illegal drug is present in a child’s body.  *Manufacturing or possession of a dangerous substance:*Occurswhen the person responsible for caring for a child has manufactured a dangerous substance in the presence of the child.  *Bestiality:* Is defined as a sex act that is not the practice of veterinary medicine or an accepted animal husbandry livestock management practice.  *Cohabitating with a Sex Offender:* A caretaker who knowingly cohabits with a person who is a registered sex offender or with a person who is required to register commits child abuse.  *Allows Access to Obscene Material:* A caretaker knowingly allows a child access to obscene material, exhibiting obscene  material to a child or disseminating obscene material to a child.  *Sexual Exploitation of a Minor:* Occurs when an individual has engaged in the creation, adaptation or modification of a visual depiction to give the appearance that an identifiable minor is engaged in a prohibited sexual act or the simulation of a prohibited sexual act.  *Child Sex Trafficking:* Occurs when an individual is involved with the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the  purpose of commercial sexual activity. (The person responsible does not have to be a caretaker.)  *Grooming:* A person commits grooming when the person knowingly performs an act in person or by conduct through a third party, uses a computer, internet service, or any other electronic storage or transmission device, or uses written communication to seduce, solicit, lure, or entice a child. | Suspected willful or negligent acts or omissions by a caretaker may be as follows: Physical Abuse: An injury which is at variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult. *Financial Exploitation:* Taking unfair advantage of a dependent adult or the adult’s physical or financial resources for one’s own personal or pecuniary profit, without the informed consent of the adult, including theft, harassment, duress, deception, false representation, or false pretenses.  *Sexual Abuse:* Commission of a sexual offense under chapter 709 or section 726.2 with or against a dependent adult.  *Denial of Critical Care:* The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult’s life or health. Thisincludes Denial of Critical Care by the Dependent Adult. |
| **Reporting Procedures** –  Oral Report to HHS | The HACAP Employee, who in the course of employment examines, attends, counsels, or treats a child and reasonably believes a child has suffered abuse, and a HACAP volunteer in one of our licensed childcare facilities will make an *oral* report as soon as possible within 24 hours. The suspected abuse report is made by calling the HHS Centralized Intake at 1-800-362-2178. The employee may consult with the center supervisor, counselor or nurse, but must not delay making the report. Guidance may also be sought from the HS/EHS PFCE Coordinator or HS/EHS Director. Seeking consultation must NOT delay the reporting process. A written report should be completed even if DHS does not accept assessment. | The HACAP Employee, who in the course of employment examines, attends, counsels, or treats a dependent adult and reasonably believes the dependent adult has suffered abuse, will make an *oral* report as soon as possible, within 24 hours. The suspected abuse report is made by calling the HHS Centralized Intake Office at 1-800-362-2178. For abuse that occurs in a licensed facility, call the Department of Inspections and Appeals. Guidance may also be sought from the North Benton Site Supervisor. Seeking consultation must NOT delay the reporting process. A written report should be completed even if DHS does not accept assessment. |
| When to make oral report to law enforcement | If the person making the report has reason to believe that immediate protection for the child is also advisable, that person shall also make an oral report to an appropriate law enforcement agency. | If the person making the report has reason to believe that immediate protection for the dependent adult is advisable, that person shall also make an oral report to the appropriate law enforcement agency |
| Follow up written report | A written follow up report will be documented on the HACAP Head Start/Early Head Start Mandatory Reporting Written Report form and sent to the PFCE Coordinator within 48 hours. | A written follow up report will be documented on DHS form #470-2441 within 48 hours and sent to the HACAP CEO. |
| Information to include on written report | 1. Name and home address of the child and the parents or other persons responsible for the child’s care. 2. The child’s age. 3. The child’s present whereabouts. 4. The nature and extent of the child’s injuries, including any evidence of previous injuries. 5. The name, age and condition of other children in the same home, and any other information which the person making the report believes might be helpful in establishing the cause of injury to the child, the identity of persons believed to be responsible for the injury, or the identity of the person providing assistance to the child. 6. Persons required by law to report suspected abuse must give their name and address. 7. Note on top of form if HHS accepted the report for intake and include the case # you are given. | 1. Name, addresses, phone numbers of the dependent adult, appropriate relatives, caretakers, and other persons believed to be responsible for the care of the dependent adult. 2. The dependent adult’s present whereabouts if not the same address is given.   3. The reason the adult is believed to be dependent.  (Dependency is the first criterion to be considered before beginning an evaluation.)   1. The dependent adult’s age. 2. The nature and extent of adult abuse, including evidence of previous adult abuse. (The existence of alleged abuse is the second criterion to be considered before beginning an assessment.) 3. Information concerning the suspected abuse of other dependent adults in the same residence. 4. Other information which might be helpful in establishing cause of abuse or the identity of the person(s) responsible for the abuse, or helpful in providing assistance to the dependent adult. 5. The name and address of the person making the report. 6. Note on form if HHS accepted the report for intake and include the case # you are given. |
| Where reports are filed | The original written report is sent to HS/EHS PFCE Coordinator. Do not keep a copy on site.  After receiving Notice of Intake Decision and Notice of Child Abuse Assessment, send each directly to HS/EHS PFCE Coordinator. Do not keep a copy on site. | The original report is sent to the Department of Human Services (DHS) if mailed and a copy is sent to the Corporate office. If faxed the original copy is sent to the HACAP CEO. Do not keep a copy on site.  After receiving Notice of Intake Decision and Notice of Assessment, send each directly to HACAP CEO. Do not keep a copy on site. |
| Staff /Volunteer involvement in suspected abuse | If a HACAP employee or a HACAP volunteer is a suspected perpetrator of abuse, the lead manager should be notified that a suspected abuse report has been made. That lead manager then notifies the HACAP HS/EHS Director. (Involvement of staff does not remove the obligation to make a report of suspected abuse.) | If a HACAP employee is a suspected perpetrator of abuse, the lead manager should be notified that a suspected abuse report has been made. That lead manager then notifies the HACAP Human Resources Department. (Involvement of staff does not remove the obligation to make a report of suspected abuse.) |