

Gwinnett County Department of Community Services
Child Abuse Reporting Guidelines

Definitions:

As used in this Policy, the term:

- “Abused” means subjected to child abuse.
- “Child” means any person under 18 years of age.
- “Child abuse” means:
 - a) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child;
 - b) Neglect or exploitation of a child by a parent or caretaker thereof;
 - c) Sexual abuse of a child; or
 - d) Sexual exploitation of a child.

“Child service organization personnel” means persons employed by or volunteering at a Gwinnett County facility or organization that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.

Reporting Requirements:

Child service organization personnel having reasonable cause to believe that a child has been abused shall report or cause reports of that abuse to be made to the person in charge of the facility, or the designated delegate thereof. An employee or volunteer who makes a report to the person designated shall be deemed to have fully complied with this Policy.

Under no circumstances shall any person in charge of such facility, or the designated delegate thereof, to whom such notification has been made, exercise any control, restraint, modification, or make other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

The person in charge of such facility, or the designated delegate thereof, to whom such notification has been made, shall make an oral report immediately, but in no case later than 24 hours from the time there is reasonable cause to believe a child has been abused, by telephone or otherwise and followed by a report in writing, if requested, to a child welfare agency providing protective services, as designated by the Department of Human Services, or, in the absence of such agency, to an appropriate police authority or district attorney.

Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.

Reporting Procedures:

If a child is in **immediate danger**, the police should be contacted immediately:

- The employee or volunteer should dial 911 to report the incident and notify the supervisor of the facility
- Within 24 hours from the time there is reasonable cause to believe that a child has been abused, the **supervisor will contact the Gwinnett Department of Family and Children Services** at 678.518.5630 to make an oral report (after hours between 5:00pm-8:30am call 1.855.422.4453), and complete a written [Report of Suspected Child Abuse/Neglect](#) and turn in to the Division Director.
- The Division Director will send the Report of Suspected Child Abuse/Neglect to Tammy Gibson.

In situations where there is **no immediate danger**:

- The employee or volunteer shall notify the supervisor of the facility.
- Within 24 hours from the time there is reasonable cause to believe that a child has been abused, the **supervisor will contact the Gwinnett Department of Family and Children Services** at 678.518.5630 to make an oral report (after hours between 5:00pm-8:30am call 1.855.422.4453), and complete a written [Report of Suspected Child Abuse/Neglect](#) and turn in to the Division Director.
- The Division Director will send the Report of Suspected Child Abuse/Neglect to Tammy Gibson.

People who call to report suspected abuse do not have to be sure maltreatment has occurred; they simply report what they have seen/heard. The authorities will investigate and confirm whether or not abuse has occurred. People who call are asked to give the name and location of the child and the name of the suspected perpetrator. Reports are confidential and those who call do not have to give their name.

Gwinnett County Department of Community Services
REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

Within 24 hours of receiving notice of suspected abuse, the facility supervisor shall submit this completed form to their Division Director. Division Director will then forward to Tammy Gibson. Please print or type.

| | | | |
|--|-----------------------------------|----------------------------------|-------------------|
| CHILD'S NAME | MALE | FEMALE | AGE OR BIRTH DATE |
| CHILD'S ADDRESS | | | |
| NAME OF PARENT OR GUARDIAN | | ADDRESS | PHONE NUMBER |
| WHERE IS CHILD STAYING PRESENTLY IF NOT AT HOME? | | | PHONE NUMBER |
| NAME OF DFCS WORKER TO WHOM ORAL REPORT WAS MADE | DATE OF ORAL REPORT | DATE AND TIME OF SUSPECTED ABUSE | |
| NAME OF SUSPECTED PERPETRATOR, IF KNOWN | ADDRESS OR PHONE NUMBER, IF KNOWN | RELATIONSHIP TO CHILD | |
| NATURE AND EXTENT OF THE CHILD'S INJURIES, MALTREATMENT OR NEGLECT | | | |

DESCRIBE THE CIRCUMSTANCES IN WHICH THE INJURIES, MALTREATMENT OR NEGLECT CAME TO BE KNOWN TO THE SUPERVISOR

LIST NAMES AND AGES OF SIBLINGS, IF KNOWN

WHAT ACTION, IF ANY, HAS BEEN TAKEN TO TREAT, PROVIDE SHELTER, OR OTHERWISE ASSIST THE CHILD?

| | | |
|------------------------------------|----------|--------------|
| SUPERVISOR NAME AND DIVISION | ADDRESS | PHONE NUMBER |
| SUPERVISOR SIGNATURE | POSITION | DATE |
| DIVISION DIRECTOR SIGNATURE | DATE | |

Received by Tammy Gibson _____