



## Early Learning Coalition of Southwest Florida

<b><u>Subject:</u></b> Reporting Abuse or Neglect		
<b><u>Policy #:</u></b> 220.11 ELCSWF-EL0032-09	<b><u>Category:</u></b> Program Quality and Standards	<b><u>AWI Reference #</u></b> OEL-EL-220
<b><u>Approval:</u></b> June 24, 2009	<b><u>Effective Date:</u></b> July 1, 2009	<b><u>Replaces (policy # and date):</u></b> ELCSWF-EL0032-09 - 5-20-09

### **Policy:**

It is the Coalition's policy that all Coalition staff, contracted staff, child care providers and their employees are considered subject to the provisions of Section 39.201 of the Florida Statutes which states:

*“Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion to the department” of Children and Families. Mandatory Reporters are addressed in ss. 39.201 (1) (b) 5 F.S. which include “day care workers and childcare professionals”.*

The importance of promptly reporting abuse or a reasonable belief that abuse or neglect occurred, is paramount to the safety of children.

Coalition staff, contracted staff, child care providers and their employees could be in a position to observe or suspect that a child has been, or is in danger of being abused or neglected by a parent, relative caregiver, legal guardian or child care personnel.

Should this occur, the staff or child care personnel must immediately report their concern to the Department of Children and Families (DCF) central abuse hotline by either

- **Telephone:** at **1-800-962-2873,**
- **OR Fax** using the Florida Abuse Hotline Fax Transmittal Form to **1-800-914-0004.**

To promote compliance, Coalition staff, contracted staff, child care owners, directors and child care personnel of School Readiness and VPK Providers, must sign a statement upon hire and annually thereafter\*, acknowledging their responsibility and obligation to immediately report suspected abuse, neglect, abandonment or the absence of supervision and care of a parent or responsible adult, to the DCF hotline. Such statement must be on DCF State form, Coalition Form ELC-1032 or equivalent form approved by Coalition staff.

**\*Note:** Programs directly operated by the Public School Districts are exempt from this policy as it relates to signing a form annually. Training on abuse and neglect reporting is provided annually by the school districts to all early learning school personnel.

---

**Associated Documents:**

- DCF Mandatory Reporting Form
- Child Abuse & Neglect Reporting Requirements Acknowledgement" (Form ELC -1032)
- FLORIDA ABUSE HOTLINE Fax Transmittal Form
- Provider Agreement Addendum
- Coalition Contracts

**Citation History:** Section 39.201 F.S., Section 402.305 (2) (d) F.S., Rules 65C-20 and 65C-22, F.A.C.

**Review Date:** July 2013

*Child Abuse & Neglect Mandated Reporter Requirements*

**Child Abuse & Neglect Reporting Requirements  
Acknowledgment**

**All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with section 39.201 of the Florida Statutes (F.S.).**

- \* “Child Abuse or Neglect” is defined in s. 39.201(e), F.S., as “harm or threatened harm” to a child’s mental or physical health or welfare by the acts or omissions of a parent, adult household member, or other person responsible for the child’s welfare, or for purposes of reporting requirements by any person.
- \* Reports must be made immediately to the centralized Florida Abuse Hotline Information System at 1-800-962-2873.
- \* All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
- \* It is important to give as much identifying and factual information as possible when making a report.
- \* Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
- \* Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect.

**Categories include:**

- Physical Abuse (i.e. unexplained bruises, burns, marks...)
- Physical Neglect (i.e. hunger, poor hygiene, lack of supervision...)
- Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)
- Mental Injury (i.e. impairment in the ability to function, depression...)

This statement is to verify that on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_  
Date Name of Employee

read the above material.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Operator



***Child Abuse & Neglect Mandated Reporter Requirements***  
**Child Abuse & Neglect Reporting Requirements**  
**Acknowledgment**

---

**All child care professionals and child care owners, directors and personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with section 39.201 of the Florida Statutes (F.S.).**

“Child Abuse or Neglect” is defined in s. 39.201(e), F.S., as “harm or threatened harm” to a child’s mental or Physical health or welfare by the acts or omissions of a parent, adult household member, or other person responsible for the child’s welfare, or for purposes of reporting requirements by any person.

Reports must be made immediately to the centralized Florida Abuse Hotline Information System at : Telephone 1-800-962-2873 or Faxed to 1-800-914-0004 on DCF “Florida Abuse Hotline Fax Transmittal Form.”

All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.

It is important to give as much identifying and factual information as possible when making a report.

Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.

All parties must be alert to the physical and behavioral indicators of child abuse and neglect.

**Categories include:**

- Physical Abuse (i.e. unexplained bruises, burns, marks...)
- Physical Neglect (i.e. hunger, poor hygiene, lack of supervision...)
- Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)
- Mental Injury (i.e. impairment in the ability to function, depression...)

This statement is to verify that on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_  
Date (Print) Name of Employee

have read the above material and understand my responsibility to promptly report suspicions of abuse, neglect or exploration.

---

Signature of Employee



**FLORIDA ABUSE HOTLINE Fax Transmittal Form**  
**To Report Abuse/Neglect/Threatened Harm/Exploitation**  
**Fax Number: 1-800-914-0004**

TO LEARN MORE ABOUT REPORTING ABUSE, READ THE DEPARTMENT OF CHILDREN AND FAMILIES BROCHURE:  
*REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS.*

**REPORTER INFORMATION**

This information is required for professionally mandated reporters – please refer to Chapter 39, Florida Statutes.

Your Last Name: \_\_\_\_\_ Your First Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Your Agency: \_\_\_\_\_ Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

➤ **Would you like to be notified as to whether or not an abuse report was accepted based on the information provided?**  Yes  No  
**If yes, please indicate your preferred method of notification.**  Telephone or  U. S. Mail

**VICTIM INFORMATION**

If the victim is a child, list other children and adult household members in the home. If any household members have a disability, describe the disability in the DESCRIPTION OF INCIDENT section on page 2; if the victim is an adult, include how his/her ability to care for or protect self is impaired.

Current Location/Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt/Lot#: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

LAST NAME	FIRST NAME	DOB	SEX	RACE	SSN	IS THIS PERSON A VICTIM?
(1)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(4)						<input type="checkbox"/> Yes <input type="checkbox"/> No
(5)						<input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSON(S) RESPONSIBLE FOR ALLEGED ABUSE, NEGLECT, ABANDONMENT OR EXPLOITATION**

NAME	DOB	SEX	RACE	SSN	RELATIONSHIP TO VICTIM
(1)					
(2)					
(3)					

**DESCRIPTION OF INCIDENT**

Please describe what happened, when and where the incident occurred, the frequency of occurrence, and a description of injuries and/or threat of harm.

**WHAT happened?**

**WHEN and WHERE did the incident occur?**

**Does anyone in the household have any disabilities?**

**Are there any dangers to a protective investigator?**

**Additional Addresses (e.g. day-care, school, etc.):**

**Description of injuries/threat of harm:**

**FOR ADULT VICTIMS ONLY:** Describe how the adult victim's ability to care for or protect self is impaired.

**OTHER INDIVIDUALS**

Please list others who might be aware of the abuse/abandonment/neglect/exploitation of the victim.

NAME	RELATIONSHIP TO THE VICTIM	ADDRESS	HOME PHONE	WORK PHONE

**DO NOT SEND COPIES OF MEDICAL NOTES, CASE FILES, ARREST REPORTS, OR SIMILAR DOCUMENTS.**