
**GUIDELINES FOR MANDATORY
REPORTING OF
SUSPECTED CHILD ABUSE**

for

PUBLIC HEALTH PERSONNEL

Georgia Department of Public Health

Division of Health Protection

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A. INTRODUCTION

Child abuse is a devastating social problem affecting millions of children and families. The term child maltreatment is sometimes used to refer to a range of abusive behaviors including physical abuse, emotional abuse, neglect, and sexual abuse.

B. PURPOSE

The purpose of this document is to provide guidance to public health employees in identifying and reporting suspected child abuse. This is intended for all public health employees, regardless of their work assignment, and it meets the mandate of the Georgia Child Abuse Reporting Law, Official Code of Georgia Annotated O.C.G.A. § 19-7-5.

The Georgia Child Abuse Law, O.C.G.A. §19-7-5, requires public health personnel to report suspected child abuse. Child abuse is a broad term that includes, but is not limited to, physical abuse, neglect, sexual abuse, sexual exploitation, and emotional abuse of children. As a mandated reporter, a public health employee only has to reasonably suspect abuse. The employee who suspects abuse shall report to the person in charge of the facility or their designee to receive the report. The person in charge of the facility or the designee who receives the report must either; (1) make the report to the Division of Family and Children Services (DFCS) within 24 hours, or (2) assign some one to make the report to DFCS, which could be the original reporter, within 24 hours. The report must be made to DFCS in the county where the child resides. Following the report, DFCS will investigate the report and make a determination in the case. A mandated reporter is not an investigator – that is the role of DFCS. However the reporter of the suspected abuse should receive written documentation of the disposition of the report from DFCS. Relevant sections of O.C.G.A. § 19-7-5 and related laws include the following:

- Public health employees are mandated reporters under the Georgia Child Abuse Reporting Law O.C.G.A. § 19-7-5 (c) (1).
- As mandated reporters, public health employees are required to report suspected child abuse, which includes, but is not limited to, physical abuse, neglect, emotional abuse, sexual abuse or sexual exploitation O.C.G.A. § 19-7-5 (b).
- A physician licensed to practice medicine in the state of Georgia who is treating a child may take or retain temporary protective custody of a child, without a court order and without parent or guardian permission, if the physician has reasonable cause to believe that the child is in a circumstance or condition that presents an imminent danger to the child's life or health as a result of suspected abuse or neglect O.C.G.A. § 15-11-5.

- As a mandated reporter, a public health employee is required to report conduct that you reasonably believe constitutes abuse, as defined in O.C.G.A. § 19-7-5. You are not obligated to report sexual activity of a minor, which does not meet the requirements of 19-7-5. If you decide to report conduct outside of the mandatory reporting realm (i.e., rape), you should forward the report to local law enforcement or the District Attorney's office. An employee should consult their supervisor and local legal counsel prior to making a report to law enforcement or the district attorney's office, if possible.
- Mandated reporters filing a report in good faith are protected under the law from civil or criminal liability for reporting. Any person or official who is required to report and knowingly and willfully fails to do so shall be guilty of a misdemeanor O.C.G.A. § 19-7-5 (f).

The Georgia Department of Public Health is committed to preventing and reducing child abuse. Reporting suspected child abuse allows for investigation of the family situation and implementation of appropriate support services. Detailed guidance is provided in this document about signs and symptoms of the various types of child abuse, who must report, when to report, how to make a report, what information is needed, and the chain of command to follow for the public health employee.

**STATUTORY AUTHORITY for
MANDATORY CHILD ABUSE REPORTING**

O.C.G.A. § 19-7-5 (Effective 1 January 2014)

O.C.G.A. § 19-7-5. (Effective 1 January 2014)

Reporting of child abuse; when mandated or authorized; content of report; to whom made; immunity from liability; report based upon privileged communication; penalty for failure to report.

- (a) 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 wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.
- (b) As used in this Code section, the term:
 - (1) "Abortion" shall have the same meaning as set forth in Code Section 15-11-681.
 - (2) "Abused" means subjected to child abuse.
 - (3) "Child" means any person less than 18 years of age.
 - (4) "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.

However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to be an "abused" child.

- (5) "Child service organization personnel" means persons employed by or volunteering at a business or an organization, whether public, private, for profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children.
- (6) "Clergy" means ministers, priests, rabbis, imams, or similar functionaries, by whatever name called, of a bona fide religious organization.
- (7) "Pregnancy resource center" means an organization or facility that:
 - (A) Provides pregnancy counseling or information as its primary purpose, either for a fee or as a free service;
 - (B) Does not provide or refer for abortions;
 - (C) Does not provide or refer for FDA approved contraceptive drugs or devices; and
 - (D) Is not licensed or certified by the state or federal government to provide medical or health care services and is not otherwise bound to follow federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, or other state or federal laws relating to patient confidentiality.
- (8) "Reproductive health care facility" means any office, clinic, or any other physical location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services.
- (9) "School" means any public or private pre-kindergarten, elementary school, secondary school, technical school, vocational school, college, university, or institution of postsecondary education.
- (10) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:
 - (A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;
 - (B) Bestiality;
 - (C) Masturbation;
 - (D) Lewd exhibition of the genitals or pubic area of any person;

- (E) Flagellation or torture by or upon a person who is nude;
- (F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
- (G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
- (H) Defecation or urination for the purpose of sexual stimulation; or
- (I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

"Sexual abuse" shall not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than five years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

- (11) "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires that child to engage in:
 - (A) Prostitution, as defined in Code Section 16-6-9; or
 - (B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.
- (c)(1) The following persons having reasonable cause to believe that a child has been abused shall report or cause reports of that abuse to be made as provided in this Code section:
 - (A) Physicians licensed to practice medicine, physician assistants, interns, or residents;
 - (B) Hospital or medical personnel;
 - (C) Dentists;
 - (D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
 - (E) Podiatrists;
 - (F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides;

- (G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
- (H) School teachers;
- (I) School administrators;
- (J) School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
- (K) Child welfare agency personnel, as that agency is defined pursuant to Code Section 49-5-12;
- (L) Child-counseling personnel;
- (M) Child service organization personnel;
- (N) Law enforcement personnel; or
- (O) Reproductive health care facility or pregnancy resource center personnel and volunteers.

(2) If a person is required to report child abuse pursuant to this subsection because that person attends to a child pursuant to such person's duties as an employee of or volunteer at a hospital, school, social agency, or similar facility, that person shall notify the person in charge of the facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. An employee or volunteer who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or 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.

- (d) Any other person, other than one specified in subsection (c) of this Code section, who has reasonable cause to believe that a child is abused may report or cause reports to be made as provided in this Code section.
- (e) An oral report shall be made 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. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the 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. Photographs of the child's injuries to be used as documentation in support of allegations by hospital employees or volunteers, physicians, law enforcement personnel, school officials, or employees or volunteers of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian. Such photographs shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

- (f) Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child welfare agency providing protective services or to an appropriate police authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.
- (g) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report child abuse reported solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about child abuse from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of child abuse from the confession of the perpetrator.

- (h) Any person or official required by subsection (c) of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.
- (i) A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:
 - (1) There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or
 - (2) The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County. The superior court to which an application is made shall not grant the application unless:
 - (A) The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought;
 - (B) The applicant carries the burden of showing the legitimacy of the research project; and
 - (C) Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

MANDATORY CHILD ABUSE REPORTING PROCEDURE

References: The source for the following information and definitions is O.C.G.A. § 19-7-5.

I. Child Abuse – Definition of Terms

“Child Abuse means 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” O.C.G.A. § 19-7-5 (b)(A). The term “child abuse” also includes the neglect or exploitation of a child by a parent or caretaker, as well as the sexual abuse or sexual exploitation of a child by any person. Georgia law requires all public health personnel who come in contact with children to report suspected child abuse.

Public health employees are not investigators and should not initiate any questioning of family or related parties. If child abuse is suspected, the employee is to report the suspicions and any information that was divulged by the individual.

II. Reporting Procedure:

An oral report must be made immediately, but no later than **24 hours** by telephone or in person to the **county DFCS** office providing protective services in the county where the child **lives** (See Appendix J) or is being treated; if address is unknown.

The identifying public health employee shall, after collecting necessary information shall notify the person in charge of the facility, or their designated delegate. The person notified shall make a report or cause a report to be made to the county DFCS office within 24 hours; a verbal report must be followed by a written report either mailed or faxed to the local county DFCS office. The public health official in charge of the facility at the county or district level will determine the designated delegate for each office or section. Health departments may wish to develop their own procedure for employees to consult with supervisors on suspected child abuse cases (See Appendix B).

- a. If the person in charge of the facility or the designated delegate is not available within the 24 hour time period, the employee should contact the county DFCS office and make the report.
- b. When unable to reach DFCS, or if the child is in a life threatening situation or immediate danger, a report **must** be made **immediately** to law enforcement or the district attorney in the county where the child lives or is receiving treatment. The identifying employee should follow-up with the local DFCS office as soon as possible to make an official report to their office.
- c. The incident as reported or observed shall be documented in the child’s health record and a copy of the written report shall be maintained in the child’s medical

record. The child abuse report must be kept confidential. If there is a request for child abuse records, the county/district should contact local legal counsel to determine which parts of the clinical records may or may not be released.

- d. The reporter must follow up with their designated reporter or supervisor to assure that a report is made to and received by Child Protective Services (CPS).
- e. Remember, to make a report or cause a report to be made, mandated reporters only need to have “reasonable suspicions,” not direct evidence.
- f. Public health personnel **do** have the authority to photograph injuries.
- g. Pursuant to Georgia Code O.C.G. A. § 15-11-15, a physician, licensed to practice medicine in the State of Georgia, who is treating a child may take or retain temporary protective custody of the child, without a court order and without the consent of a parent, guardian, or custodian if the physician has reasonable cause to believe the child is in a circumstance or condition that presents imminent danger to the child’s health as a result of suspected abuse.

The responsibility of a mandated reporter is to assure that DFCS is contacted whenever there is reason to believe that a child has been the victim of abuse. It is the responsibility of DFCS to accept the report, evaluate the report and, based on state law, make a determination if it should be opened for investigation. If the report is on a family that already has an open case with DFCS, the current suspicions must still be made to the DFCS intake worker to ensure proper processing of the current suspicion of abuse. Mandated reporters may contact DFCS to find out whether their report was substantiated. Even if the report was not substantiated, it is the responsibility of the mandated reporter to report future concerns regarding the child.

III. Report Contents

Reports should contain the following information:

- Name, age, address and current location of the child.
- Name and address of the child’s parents or caretakers, if known.
- Name and address of suspected perpetrator.
- Location where the abuse took place, if known.
- The nature and extent of the child’s injuries, including any evidence of previous injuries.
- Any other information the reporter believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.
- Photographs, if available.
- See Reporting Form, Appendix B.

IV. Rights of the Mandated Reporter

All reports are confidential, and the reporter may remain anonymous to the family. It is, however, most helpful to the child if the reporter provides his or her contact information. Once a report is made it becomes part of the health record and will be labeled as confidential and not available for release. If a request for release of records related to child abuse is made your local legal counsel should be contacted for advice.

- Mandated reporters who provide their name at the time of filing the child abuse report may request information from DFCS on the outcome of a report. Legally, DFCS cannot share any information other than whether the allegation was substantiated. Mandated reporters are to receive a letter of acknowledgment and acceptance for investigation or screen-out of the case (See Appendix C).

V. Penalties for Failure to Report

Any public health employee who suspects a case of child abuse and who knowingly and willfully fails to file a report shall be guilty of a misdemeanor O.C.G.A. §19-7-5 (c)(2)(h).

VI. The Role of DFCS

Once a report is made to DFCS, a report will be opened for investigation if DFCS finds that it contains any allegation or evidence of child abuse. All reports containing allegations or evidence of child abuse, including all reports screened out as inappropriate for CPS intervention, are given to law enforcement. Depending on the severity of the report, a response time of 24 hours to 5 days will be assigned.

Employees who file a report will receive a written acknowledgement of the report from DFCS (See sample letter, Appendix C). This acknowledgement should indicate where the report was assigned for investigation.

At the conclusion of the investigation a decision will be made jointly by the investigating case manager and his or her supervisor whether or not to substantiate the report, and whether to open the case.

WHEN CHILD ABUSE IS DISCLOSED

What to Do When Child Abuse is Disclosed:

1. Find a private place to talk with the person disclosing.
2. Reassure the person making the disclosure with statements such as:
 - I believe you.
 - I am glad you told me.
 - It is not your fault this happened.
 - Affirm that abuse is wrong.
3. Listen openly and calmly, with minimal interruptions. Try to keep your own emotions and nonverbal cues neutral.
4. Write down the facts and words as the person has stated them. The first statement made spontaneously has forensic significance to the investigators and the exact words can be important.
5. Respect the individual's need for confidentiality – by not discussing the abuse with anyone other than those required by agency policy and the law; the staff member should not verbally disclose to the parents/guardians of the child that a report is being made to protective services until the safety of the child has been established.

What NOT to SAY When Someone Discloses to You:

1. Don't ask "why" questions such as:
"Why didn't you stop him or her?"
"Why are you telling me this?"
2. Don't say "Are you sure this is happening?"
3. Don't ask, "Are you telling the truth?"
4. Don't say, "Let me know if it happens again."
5. Don't ask, "What did you do to make this happen?"

If a disclosure is made, don't try to get all the details. Remember that disclosures are made in different ways. Understand that some disclosures are more subtle or indirect. Above all, MINIMIZE the number of questions you ask the child and avoid the use of leading questions or questions that suggest an answer (e.g., "Did your uncle touch you in the private area too? Was he wearing a blue jacket?").

IDENTIFICATION AND ASSESSMENT

All public health employees must participate in training related to the identification and intervention of child abuse as part of new employee orientation and receive an annual update. Such training provides personnel with knowledge and skills needed to appropriately respond to child abuse allegations and determine needed prevention efforts (See Appendix E). Some considerations would include the following indicators:

Type of Abuse	Physical Indicators	Behavioral Indicators
<p>Physical</p> <p>Physical abuse is the non-accidental physical injury of a child.</p> <p>Physical abuse is the most visible and widely recognized form of child abuse.</p>	<p>Unexplained bruises and welts:</p> <ul style="list-style-type: none"> • On face, lip, mouth • On torso, back, buttocks, thighs • In various stages of healing • Clustered, forming regular patterns • Imprint of article used to inflict injury (belt, electrical cord) • Regularly appear after absence, weekend, or vacation • Excessive number or severity of bruises <p>Unexplained burns:</p> <ul style="list-style-type: none"> • Cigar, cigarette burns, especially on soles of feet, palms, back, or buttocks • Immersion burns (sock-like, glove-like) <p>Unexplained fractures/dislocations</p> <p>A history or explanation that is inconsistent with the severity or type of injury found</p> <p>Bald patches on the scalp</p>	<ul style="list-style-type: none"> • Feels deserving of punishment • Wary of adult contact • Frightened of parents • Afraid to go home • Reports injury by parents • Self destructive behavior • Withdrawn or aggressive behavioral extremes • Uncomfortable with physical contact • Complains of soreness or moves uncomfortably • Wears clothing inappropriate for weather to cover body
<p>Neglect is the most common form of child abuse. It includes:</p> <ul style="list-style-type: none"> • Lack of adequate food, shelter, clothing, medical care • Does not meet emotional or psychological needs of a child • Educational/cognitive neglect • Lack of supervision for optimal growth and development • Birth addicted (drug exposure) 	<ul style="list-style-type: none"> • Consistent hunger • Poor hygiene • Inappropriate dress • Consistent lack of supervision • Unattended physical problems or medical needs • Delay in seeing medical care for an injury • Underweight • Poor growth patterns • Failure to thrive • Distended stomach, emaciated look • Children with special health care needs are at higher risk for neglect 	<ul style="list-style-type: none"> • Self-destructive behaviors • Begging, stealing food • Extended stays at school (early arrival and late departures) • Constant fatigue, listlessness, or falling asleep in class • Assuming adult responsibilities and concerns • States there is no caretaker in the home • Frequently absent or tardy • Truancy or never enrolling child in school

Type of Abuse	Physical Indicators	Behavioral Indicators
<p>Sexual Abuse The exploitation of a child for the sexual gratification of an adult or older child.</p> <p>Sexual abuse is most commonly perpetrated by an individual known to the victim, rarely is the offender a stranger. One-third of all sexual abuse is perpetrated by another child.</p> <p>Sexual abuse includes touching offenses: fondling, sodomy, rape; and non-touching offenses: child prostitution, indecent exposure and exhibitionism, utilizing the internet as a vehicle for exploitation.</p> <p>Note: Sexual abuse does not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than five years older than the minor.</p>	<ul style="list-style-type: none"> • Difficulty walking or sitting • Torn, stained or bloody underclothing • Pain, swelling or itching in the genital area • Pain on urination • Bruises, bleeding, discharge or laceration in external genitalia area • Presence of sexually transmitted disease • Frequent urinary or yeast infections 	<ul style="list-style-type: none"> • Inappropriate sex play or advanced sexual knowledge and promiscuity • Hysteria, lack of emotional control • Sudden school difficulties • Withdrawal or depression • Excessive worrying about siblings • Difficult peer relationships, resists involvement with peers • Self-imposed social isolation • Avoidance of physical contact or closeness • Sudden massive weight change (loss or gain)
<p>Emotional Abuse The excessive or aggressive parental behavior that places unreasonable demands on a child to perform above his or her capabilities.</p> <p>It frequently occurs as verbal abuse, but can also include the following: rejection, terrorizing, shameful forms of punishment, withholding physical and emotional contact; developmentally inappropriate expectations; exposure to domestic violence that may impact a child's personal safety.</p> <p>Emotional abuse is usually not an isolated incident, but instead it is a pattern of behavior that occurs over a period of time.</p>	<ul style="list-style-type: none"> • Speech or other communicative disorder • Delayed physical development • Exacerbation of existing conditions, such as asthma or allergies • Substance abuse 	<ul style="list-style-type: none"> • Habit disorders (sucking, rocking) • Antisocial or destructive behaviors, including delinquency • Neurotic traits (sleep disorders, inhibition to play) • Behavioral extremes (passivity or aggression) • Developmental delays

Adapted in part from Broadhurst, D. D.; Edmunds, M.; and MacDicken, RA.A. Early Childhood Programs and Prevention Treatment of Child Abuse and Neglect, the User Manual Series, Washington, D.C.: U. S. Department of Health, Education and Welfare, 1979.

Adapted in part from Angelo P. Giardino, M.D. PhD and Eileen R. Giardino, Ph.D., RN, CRNP. Recognition of Child Abuse for the Mandated Reporter, 3rd Edition. G.W. Medical Publishing, Inc. St. Louis, Missouri, 2002.

TRAINING, QUALITY ASSURANCE MONITORING AND COMPLIANCE

All persons working in public health, either in part time, full time or contractual arrangements, must receive training in child abuse and mandatory reporting requirements (See Appendix E *Training of Public Health Personnel on Mandatory Reporting of Child Abuse and Neglect*). Training should include an emphasis on normal child development as well as abnormal child development. Annual updates on the guidelines and procedures for child abuse reporting should be provided. Documentation of the child abuse training provided should be placed in the employee's/contractor's personnel file (See Appendix F). Pre- and post-tests should be provided to assess each employee's knowledge of child abuse and mandated reporting.

Free training and other information regarding child abuse may be found at:

- Prevent Child Abuse Georgia www.pcageorgia.org
- Proolutions
<https://www.prosolutionstraining.com/coursemenu/index.cfm?sort=24&sortname=Sponsored>

APPENDICES
FOR
GUIDELINES FOR MANDATORY
REPORTING OF
SUSPECTED CHILD ABUSE AND
NEGLECT

**APPENDICES FOR MANDATORY REPORTING OF SUSPECTED CHILD ABUSE AND
NEGLECT (MALTREATMENT)**

- Appendix A:** CHILD ABUSE REPORTING PROCEDURE OVERVIEW
- Appendix B:** FORM TO REPORT SUSPECTED CHILD ABUSE BY MANDATED REPORTER
- Appendix C:** SAMPLE LETTER FROM DFCS DOCUMENTING RECEIPT OF MANDATORY CHILD ABUSE REPORT
- Appendix D:** INDICATORS OF CHILD ABUSE
- Appendix E:** POLICY ON TRAINING OF PUBLIC HEALTH PERSONNEL ON MANDATORY REPORTING OF CHILD ABUSE, DIVISION OF PUBLIC HEALTH, GEORGIA DEPARTMENT OF HUMAN RESOURCES
- Appendix F:** TRAINING, QUALITY ASSURANCE MONITORING AND COMPLIANCE FORM FOR EMPLOYEES
- Appendix G:** SUPERVISOR'S CHECKLIST FOR EMPLOYEE ORIENTATION
- Appendix H:** PRE-TEST FOR MANDATORY REPORTERS OF CHILD ABUSE
- Appendix I:** POST-TEST FOR MANDATORY REPORTERS OF CHILD ABUSE
- Appendix J:** ANSWERS FOR PRE/POST-TEST
- Appendix K:** LIST OF COUNTY DFCS OFFICES FOR REPORTING
- Appendix L:** FLOWCHART FOR MANDATORY REPORTING OF CHILD ABUSE

Appendix B

**CONFIDENTIAL
REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT
BY MANDATED REPORTER**

O.C.G.A. § 19-7-5

From: Agency Name: _____ Date report made _____

Individual making the report and their title _____

Name of Child _____

Address _____

_____ Phone number _____

Age of child _____ Birth date _____

Name of parent/adult responsible + relationship _____

Address _____

_____ Phone number _____

Nature and description of suspected abuse and/or neglect: (Statements made by child should be recorded as verbatim as possible; include physical, behavioral, and other indicators observed and any evidence of previous injuries)

Are there other children in the home? No _____, if Yes _____ List names and ages below

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name of person taking report: _____

This report is not subject to disclosure under Article 4, Chapter 18, Title 50.

Note: Use reverse side if additional space need.

Appendix C

SAMPLE

DOCUMENTATION MANDATORY CHILD ABUSE AND NEGLECT REPORTING

Date:

Re:

Dear

This acknowledges your report of possible child abuse and neglect, received by this office on _____. Thank you for your concern and compliance with Section 19-7-5 of the Official Code of Georgia, Annotated. We will not reveal your name to the subject of this report; however, if court action is necessary to protect the child, you may be subpoenaed to appear at the hearing. A reporter is protected from civil or criminal liability for any report made in good faith.

As a mandated reporter, you may receive the following information concerning this case at your request: whether the case investigation is ongoing or completed, and if completed, whether the abuse/neglect was substantiated or unsubstantiated.

Your report was processed with the following response decision assigned. If you have any questions concerning your report or the response decision, please contact the County Division of Family of Children Services.

Sincerely,

Social Services Case Manager

- Assigned for Investigation
- 24 hour
- 5 day

- Not assigned for investigation
- Screened out and Referred to another agency
- Screened out

XC: DFCS (Name of county)

APPENDIX D

INDICATORS OF CHILD ABUSE AND NEGLECT (MALTREATMENT)

Type of Abuse	Physical Indicators	Behavioral Indicators
<p>Physical</p> <p>Physical abuse is the non-accidental physical injury of a child.</p> <p>Physical abuse is the most visible and widely recognized form of child abuse.</p>	<p>Unexplained bruises and welts:</p> <ul style="list-style-type: none"> • On face, lip, mouth • On torso, back, buttocks, thighs • In various stages of healing • Clustered, forming regular patterns • Imprint of article used to inflict injury (belt, electrical cord) • Regularly appear after absence, weekend, or vacation • Excessive number or severity of bruises <p>Unexplained burns:</p> <ul style="list-style-type: none"> • Cigar, cigarette burns, especially on soles of feet, palms, back, or buttocks • Immersion burns (sock-like, glove-like) <p>Unexplained fractures/dislocations</p> <p>A history or explanation that is inconsistent with the severity or type of injury found</p> <p>Bald patches on the scalp</p>	<ul style="list-style-type: none"> • Feels deserving of punishment • Wary of adult contact • Frightened of parents • Afraid to go home • Reports injury by parents • Self destructive behavior • Withdrawn or aggressive behavioral extremes • Uncomfortable with physical contact • Complains of soreness or moves uncomfortably • Wears clothing inappropriate for weather to cover body
<p>Neglect is the most common form of child abuse. It includes:</p> <ul style="list-style-type: none"> • Lack of adequate food, shelter, clothing, medical care • Does not meet emotional or psychological needs of a child • Educational/cognitive neglect • Lack of supervision for optimal growth and development • Birth addicted (drug exposure) 	<ul style="list-style-type: none"> • Consistent hunger • Poor hygiene • Inappropriate dress • Consistent lack of supervision • Unattended physical problems or medical needs • Delay in seeing medical care for an injury • Underweight • Poor growth patterns • Failure to thrive • Distended stomach, emaciated look • Children with special health care needs are at higher risk for neglect 	<ul style="list-style-type: none"> • Self-destructive behaviors • Begging, stealing food • Extended stays at school (early arrival and late departures) • Constant fatigue, listlessness, or falling asleep in class • Assuming adult responsibilities and concerns • States there is no caretaker in the home • Frequently absent or tardy • Truancy or never enrolling child in school

Type of Abuse	Physical Indicators	Behavioral Indicators
<p>Sexual Abuse The exploitation of a child for the sexual gratification of an adult or older child.</p> <p>Sexual abuse is most commonly perpetrated by an individual known to the victim, rarely is the offender a stranger. One-third of all sexual abuse is perpetrated by another child.</p> <p>Sexual abuse includes touching offenses: fondling, sodomy, rape; and non-touching offenses: child prostitution, indecent exposure and exhibitionism, utilizing the internet as a vehicle for exploitation.</p> <p>Note: Sexual abuse does not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than five years older than the minor.</p>	<ul style="list-style-type: none"> • Difficulty walking or sitting • Torn, stained or bloody underclothing • Pain, swelling or itching in the genital area • Pain on urination • Bruises, bleeding, discharge or laceration in external genitalia area • Presence of sexually transmitted disease • Frequent urinary or yeast infections 	<ul style="list-style-type: none"> • Inappropriate sex play or advanced sexual knowledge and promiscuity • Hysteria, lack of emotional control • Sudden school difficulties • Withdrawal or depression • Excessive worrying about siblings • Difficult peer relationships, resists involvement with peers • Self-imposed social isolation • Avoidance of physical contact or closeness • Sudden massive weight change (loss or gain)
<p>Emotional Abuse The excessive or aggressive parental behavior that places unreasonable demands on a child to perform above his or her capabilities.</p> <p>It frequently occurs as verbal abuse, but can also include the following: rejection, terrorizing, shameful forms of punishment, withholding physical and emotional contact; developmentally inappropriate expectations; exposure to domestic violence that may impact a child's personal safety.</p> <p>Emotional abuse is usually not an isolated incident, but instead it is a pattern of behavior that occurs over a period of time.</p>	<ul style="list-style-type: none"> • Speech or other communicative disorder • Delayed physical development • Exacerbation of existing conditions, such as asthma or allergies • Substance abuse 	<ul style="list-style-type: none"> • Habit disorders (sucking, rocking) • Antisocial or destructive behaviors, including delinquency • Neurotic traits (sleep disorders, inhibition to play) • Behavioral extremes (passivity or aggression) • Developmental delays

Adapted in part from Broadhurst, D. D.; Edmunds, M.; and MacDicken, RA.A. Early Childhood Programs and Prevention Treatment of Child Abuse and Neglect, the User Manual Series, Washington, D.C.: U. S. Department of Health, Education and Welfare, 1979.

***Adapted in part from Angelo P. Giardino, M.D. PhD and Eileen R. Giardino, Ph.D., RN, CRNP.
Recognition of Child Abuse for the Mandated Reporter. 3rd Edition. G.W. Medical Publishing, Inc. St.
Louis, Missouri, 2002.***

APPENDIX E

GEORGIA DEPARTMENT OF PUBLIC HEALTH POLICY

TITLE: TRAINING FOR PUBLIC HEALTH PERSONNEL ON MANDATORY REPORTING OF CHILD ABUSE AND NEGLECT

INTRODUCTION:

The Georgia Child Abuse Law O.C.G.A. §19-7-5 requires public health personnel, regardless of their work assignment, to report suspected child abuse. Child abuse is a broad term that includes, but is not limited to, physical abuse, neglect, sexual abuse, sexual exploitation, and emotional abuse of children. As a mandated reporter, a public health employee only has to reasonably suspect abuse. Public health employees come into contact with children, parents and caretakers in many different settings, and may observe situations of suspected child abuse. All public health employees need to be aware of the signs and symptoms of child abuse and the procedures for reporting suspected child abuse.

AUTHORITY: The Official Code of Georgia Annotated O.C.G.A. § 19-7-5

GENERAL PROVISIONS:

- As mandated reporters, public health employees are required to report suspected child abuse, which includes, but is not limited to, physical abuse, neglect, emotional abuse, sexual abuse or sexual exploitation O.C.G.A. § 19-7-5, Section 3.1(c)(1).
- All employees are required to have training in identifying signs and symptoms of child abuse and how to report suspected abuse.
 - Within the first six months of the start of employment, employees shall receive initial training at as part of orientation; this training will be repeated annually thereafter. This training must include review of the *Guidelines for Mandatory Reporting of Suspected Child Abuse (GDPH 2013)* and at least one or more of the following: meeting or session with a supervisor or designee to review O.C.G.A. § 19-7-5, or classroom training on child abuse developed by Prevent Child Abuse Georgia or other recognized authority on the subject.
 - Training should include an emphasis on normal child development as well as abnormal child development.
 - On an annual basis, employees are required to review the *Guidelines for Mandatory Reporting of Suspected Child Abuse (GDPH 2013)*.
 - If there are changes to the mandatory reporting of child abuse legislation, all employees will need to be trained on changes within six months of the date that the changes become effective.
 - Documentation of training at orientation and on a yearly basis will be maintained in the employee's supervisory file.
- The document *Guidelines for Mandatory Reporting of Suspected Child Abuse (GDPH 2013)* outlines the law, reporting procedure, identifying signs and symptoms, reporting form and other resources for employees related to child abuse and neglect.

- A mandated reporter is not an investigator – that is the role of Division of Family and Children Services (DFCS).
- Once suspected abuse has been identified, a report must then be made to the Division of Family and Children Services (DFCS) in the county where the child resides immediately but in no case later than 24 hours, by the person in charge of the facility, their designee, or if both are unavailable by the employee observing the abuse.
- Mandated reporters, who in good faith make a report, are protected under the law from civil or criminal liability for reporting. Any person or official who is required to report and knowingly and willfully fails to do so shall be guilty of a misdemeanor O.C.G.A. § 19-7-5(c)(2)(f).

Appendix F

TRAINING, QUALITY ASSURANCE MONITORING AND COMPLIANCE

Employee Name:
Site:

Date:

**TRAINING/EDUCATION FOR PUBLIC HEALTH EMPLOYEES
MANDATORY REPORTING OF CHILD ABUSE AND NEGLECT**

EXPECTATIONS	DOCUMENTED		Comments
	Yes	No	
A. INITIAL TRAINING/DIDACTIC/CLASSROOM TRAINING:			
<ul style="list-style-type: none"> Attend classroom training on child abuse developed by Prevent Child Abuse Georgia, Inc. or other recognized authority on the subject. 			
<ul style="list-style-type: none"> Review <i>Guidelines for Mandatory Reporting of Suspected Child Abuse for Public Health Personnel</i> (current). 			
<ul style="list-style-type: none"> Training should include an emphasis on normal child development as well as abnormal child development. 			
<ul style="list-style-type: none"> Successful completion of the Mandatory Reporters of Child Abuse and Neglect (Maltreatment) Tests. 			
<ul style="list-style-type: none"> Meet with Supervisor or designee to review O.C.G.A. § 19-7-5. 			
B. ANNUAL UPDATE/SELF STUDY COMPLETED:			
<ul style="list-style-type: none"> Reviewed <i>Guidelines for Mandatory Reporting of Suspected Child Abuse for Public Health Personnel</i> (current). 			
<ul style="list-style-type: none"> Successful completion of the Mandatory Reporters of Child Abuse and Neglect (Maltreatment) Tests. 			
C. YEARLY UPDATE:			
<ul style="list-style-type: none"> Participation in one child abuse training per year to keep updated on current policies and procedures concerning guidelines for mandatory reporting; training may alternate between self study, readings and didactic classroom setting. 			
D. REFERENCE MATERIALS:			
<ul style="list-style-type: none"> Manual - Mandated Reporter Training – Prevent Child Abuse Georgia, Inc. 			
<ul style="list-style-type: none"> Angelo P. Giardino, M.D. Ph.D and Eileen R. Giardino, Ph.D., RN. CRNP. <i>Recognition of Child Abuse for the Mandated Reporter</i>. 3rd Edition. G.W. Medical Publishing, Inc. St. Louis, Missouri, 2002. 			

Appendix G

**SAMPLE
Supervisor's Orientation Checklist**

EMPLOYEE: _____

RECEIVE NEW EMPLOYEE

- _____ 1. Review information on employee, work experience, education, training, etc.
- _____ 2. Review job description and specific assigned job responsibilities.
- _____ 3. Assign workplace, equipment, supplies, etc.
- _____ 4. Inform employees where to whom to report.

WORK UNIT

- _____ 1. Describe the overall function of the work unit and the particular unit where the employee will work.
- _____ 2. Describe the chain of command as it applies to the employee's position.
- _____ 3. Indicate staff members under the employee's supervision, if any, and explain their duties and responsibilities.
- _____ 4. Introduce co-workers and explain their responsibilities and how they interact/relate to the employee's responsibilities.
- _____ 5. Show location of worksite facilities including mail/copy room, supply room, safety/security equipment, etc.

POLICIES AND PROCEDURES

- _____ 1. Working hours, specify lunch/break periods, etc.
- _____ 2. Attendance/punctuality.
- _____ 3. Use of telephone, mail procedures, e-mail, Internet, office equipment.
- _____ 4. Leave accrual and method to request use of leave; leave policies.
- _____ 5. Security of office/building; issue appropriate keys.
- _____ 6. Fire drill procedures.
- _____ 7. Hurricane/Disaster plans for the agency and/or worksite (County).
- _____ 8. Licensing requirements if applicable (e.g., nursing).
- _____ 9. Fair Labor Standards Act Policy and FLSA Time Sheets (if applicable)
- _____ 10. Identify training requirements for employee's position – what training is necessary, materials available, how to schedule training.
- _____ 11. Review PMF procedures and evaluation period. Explain "critical responsibilities."
- _____ 12. Review dress code appropriate to work area.
- _____ 13. Workers Compensation and where forms can be found if needed, report accidents/incidents immediately.
- _____ 14. Review policies and procedures relating to work area and accessibility to HR policies, procedures and forms.
- _____ 15. Review pay check procedures for work area.
- _____ 16. Training on Mandatory Reporting of Suspected Child Abuse Guidelines.
- _____ 17. Training should include an emphasis on normal child development as well as abnormal child development.

Employee Statement:

The above items have been satisfactorily discussed with me. I have reviewed a copy of my job description and understand the duties expected of me.

Date

Employee Signature

Supervisor Statement:

The above items have been reviewed with the employee and questions appropriately answered.

Date

Supervisor Signature

Appendix H

**PRE-TEST
FOR MANDATORY REPORTERS OF CHILD ABUSE AND NEGLECT**

Name of Employee:

Date of Training:

Check the correct answer	True	False
1. All public health personnel are mandated to report suspected child abuse, neglect, emotional abuse, or sexual abuse.		
2. Physical abuse is the most common type of child abuse.		
3. Children do not sexually abuse other children.		
4. The majority of child deaths due to child abuse are among ages 0-4 years.		
5. Reports of suspected child abuse are made to the Division of Family and Children Services (DFCS) state office.		
6. In order to make a report of suspected child abuse, a mandated reporter must have proof that a child is being harmed.		
7. Children are most often abused by their biological parents.		
8. Once suspected the report of abuse must be made within 24 hours by the person in charge of the facility, their designated delegate, or if both are unavailable, by the employee suspecting abuse.		
9. The name of the person who reports child abuse will be given to the family.		
10. Once suspected child abuse has been observed it must be reported within 72 hours.		
11. The purpose of reporting suspected child abuse is to punish the parents.		
12. If a child reveals information about child abuse the mandated reporter should get as much detail as possible before making a report.		
13. There is no punishment in the law for mandated reporters who do not report suspected child abuse.		
14. A physician who is treating a child may take or retain temporary protective custody of a child without a court order or consent of the parent or guardian, if the physician has reasonable cause to believe the child is in a circumstance or condition that presents an imminent danger to the child's health or life or as a result of suspected abuse or neglect.		

15. Child abuse includes: **Circle all that apply.**

- Physical abuse
- Neglect
- Sexual abuse
- Emotional abuse

16. The following may be signs of abuse: **Circle all that apply.**

- Unexplained bruises, welts, and burns
- Consistent hunger
- Unkempt and dirty clothing
- Inappropriate sexual play
- Antisocial or destructive behaviors
- Withdrawal or depression
- Lack of age appropriate supervision

17. The following are risk factors for child abuse: **Circle all that apply.**

- Social isolation
- Parental or caregiver substance abuse
- Young and inexperienced parents
- Income below the federal poverty level
- Mental illness
- Parental unemployment

18. The following are protective factors for prevention of child abuse: **Circle all that apply**

- Family seeks professional help and support when needed
- Public health personnel look for potential risks to children during home visits or patient visits
- Community provides supportive health and social networks
- Public health staff model appropriate social behavior and show respect for all

Appendix I

**POST TEST
FOR MANDATORY REPORTERS OF CHILD ABUSE AND NEGLECT**

Name of Employee _____

Date of Training _____

Check the correct answer	True	False
1. All public health personnel are mandated to report suspected child abuse, neglect, emotional abuse, or sexual abuse.		
2. Physical abuse is the most common type of child abuse.		
3. Children do not sexually abuse other children.		
4. The majority of child deaths due to child abuse are among ages 0-4 years.		
5. Reports of suspected child abuse are made to the Division of Family and Children Services (DFCS) state office.		
6. In order to make a report of suspected child abuse, a mandated reporter must have proof that a child is being harmed.		
7. Children are most often abused by their biological parents.		
8. Once suspected the report of abuse must be made within 24 hours by the person in charge of the facility, their designated delegate, or if both are unavailable, by the employee suspecting abuse.		
9. The name of the person who reports child abuse will be given to the family.		
10. Once suspected child abuse has been observed it must be reported within 72 hours.		
11. The purpose of reporting suspected child abuse is to punish the parents.		
12. If a child reveals information about child abuse the mandated reporter should get as much detail as possible before making a report.		
13. There is no punishment in the law for mandated reporters who do not report suspected child abuse.		
14. A physician who is treating a child may take or retain temporary protective custody of a child without a court order or consent of the parent or guardian, if the physician has reasonable cause to believe the child is in a circumstance or condition that presents an imminent danger to the child's health or life or as a result of suspected abuse or neglect.		
15. Child abuse includes: Circle all that apply. <ul style="list-style-type: none"> • Physical abuse • Neglect • Sexual abuse • Emotional abuse 		

16. The following may be signs of abuse: **Circle all that apply.**

- Unexplained bruises, welts, and burns
- Consistent hunger
- Unkempt and dirty clothing
- Inappropriate sexual play
- Antisocial or destructive behaviors
- Withdrawal or depression
- Lack of age appropriate supervision

17. The following are risk factors for child abuse: **Circle all that apply.**

- Social isolation
- Parental or caregiver substance abuse
- Young and inexperienced parents
- Income below the federal poverty level
- Mental illness
- Parental unemployment

18. The following are protective factors for prevention of child abuse: **Circle all that apply.**

- Family seeks professional help and support when needed
- Public health personnel look for potential risks to children during home visits or patient visits
- Community provides supportive health and social networks
- Public health staff model appropriate social behavior and show respect for all

Appendix J

**POST TEST ANSWERS
FOR MANDATORY REPORTERS OF CHILD ABUSE AND NEGLECT**

Name of Employee _____

Date of Training _____

Check the correct answer	True	False
1. All public health personnel are mandated to report suspected child abuse, neglect, emotional abuse, or sexual abuse.	✓	
2. Physical abuse is the most common type of child abuse.		✓
3. Children do not sexually abuse other children.		✓
4. The majority of child deaths due to child abuse are among ages 0-4 years.	✓	
5. Reports of suspected child abuse are made to the Division of Family and Children Services (DFCS) state office.		✓
6. In order to make a report of suspected child abuse, a mandated reporter must have proof that a child is being harmed.		✓
7. Children are most often abused by their biological parents.	✓	
8. Once suspected the report of abuse must be made within 24 hours, by the person in charge of the facility, their designated delegate, or if both are unavailable, by the employee suspecting abuse.	✓	
9. The name of the person who reports child abuse will be given to the family.		✓
10. Once suspected child abuse has been observed it must be reported within 72 hours.		✓
11. The purpose of reporting suspected child abuse is to punish the parents.		✓
12. If a child reveals information about child abuse the mandated reporter should get as much detail as possible before making a report.		✓
13. There is no punishment in the law for mandated reporters who do not report suspected child abuse.		✓
14. A physician who is treating a child may take or retain temporary protective custody of a child without a court order or consent of the parent or guardian, if the physician has reasonable cause to believe the child is in a circumstance or condition that presents an imminent danger to the child's health or life or as a result of suspected abuse or neglect.	✓	
15. Child abuse includes: Circle all that apply.		
<ul style="list-style-type: none"> • Physical abuse ✓ • Neglect ✓ • Sexual abuse ✓ • Emotional abuse ✓ 		

16. The following may be signs of abuse: **Circle all that apply.**

- Unexplained bruises, welts, and burns ✓
- Consistent hunger ✓
- Unkempt and dirty clothing ✓
- Inappropriate sexual play ✓
- Antisocial or destructive behaviors ✓
- Withdrawal or depression ✓
- Lack of age appropriate supervision ✓

17. The following are risk factors for child abuse: **Circle all that apply.**

- Social isolation ✓
- Parental or caregiver substance abuse ✓
- Young and inexperienced parents ✓
- Income below the federal poverty level ✓
- Mental illness ✓
- Parental unemployment ✓

18. The following are protective factors for prevention of child abuse: **Circle all that apply.**

- Family seeks professional help and support when needed ✓
- Public health personnel look for potential risks to children during home visits or patient visits ✓
- Community provides supportive health and social networks ✓
- Public health staff model appropriate social behavior and show respect for all ✓

✓ **Correct answer**

Appendix K

LIST OF COUNTY DFCS OFFICES FOR REPORTING

COUNTY DEPARTMENTS BY SERVICE REGION

REVISION: 10/29/13

REGION I

Catoosa County DFCS
700 City Hall Drive
Fort Oglethorpe, GA 30742
(706) 866-1740 office
(706) 866-4916 fax

Jaime Stafford, Director
jlstafford@dhr.state.ga.us
Covering until 9/16/13 Jonathan Sloan
jbsloan@dhr.state.ga.us

Chattooga County DFCS
102 Highway 48
Summerville, Georgia 30747-1512
(706) 857-0817 office
(706) 857-0823 fax

Kimberly Ballard Humphrey, Director
kdballard@dhr.state.ga.us

Dade County DFCS
71 Case Avenue
P.O. Box 159
Trenton, Georgia 30752-0159
(706) 657-7511 office
(706) 657-5368 fax

Katherine Ragon, Director
klragon@dhr.state.ga.us

Fannin County DFCS
990 East Main Street, Suite 10
Blue Ridge, Georgia 30513-4534
(706) 632-2296 office
(706) 632-3521 fax

Kathy Henson, Director
kmhenson@dhr.state.ga.us

Gilmer County DFCS
54 Kiker Street
Ellijay, Georgia 30540-1328
(706) 635-2361 office
(706) 276-2367 fax
(706) 635-6446 CPS
(706) 276-2332 PLC

Jennifer Brogdon, Director
jkbrogdon@dhr.state.ga.us

Gordon County DFCS
619 Mauldin Road, P.O. Box 217
Calhoun, Georgia 30703-0217
(706) 624-1200 office
(706) 624-1206 fax

Meaghan S. Bryant, Interim Director
mebryant@dhr.state.ga.us

Murray County DFCS
830 G. I. Maddox Parkway
P.O. Box 1014
Chatsworth, Georgia 30705-1014
(706) 695-7315 office
(706) 695-7541 fax

Jennifer Brogdon, Director
jkbrogdon@dhr.state.ga.us

Pickens County DFCS
255 Chambers Street
Jasper, Georgia 30143-1219
(706) 692-4701 office
(706) 692-4700 fax

Liz Watson, Director
lbwatson@dhr.state.ga.us

Walker County DFCS
10056 North Highway 27
P.O. Box 689
Rock Spring, Georgia 30739-0689
(706) 375-0726 office
(706) 375-0798 fax

Kimberlee Gravitz, Director
kdgravitz@dhr.state.ga.us

Whitfield County DFCS
1142 North Thornton Avenue
P.O. Box 1203
Dalton, Georgia 30722-1203
(706) 272-2331 office
(706) 272-2895 fax

Ashley Parham
asparham@dhr.state.ga.us

REGION II

Banks County DFCS
423 Evans Street
P.O. Box 159 (mailing address)
Homer, Georgia 30547-0159
(706) 677-2272 office
(706) 677-2196 fax

John Mark Akridge, Director
jmakridge@dhr.state.ga.us

Dawson County DFCS
424 Highway 53
P.O. Box 867
Dawsonville, Georgia 30534-0867
(706) 265-6598 office
(706) 265-2085 fax

Helen Jill Rice, Director
hjrice@dhr.state.ga.us

Forsyth County DFCS
426 Canton Road
P.O. Box 21
Cumming, Georgia 30028-0021
(770) 781-6700 office
(770) 781-6742 fax

Ronald Scott Wilbanks, Director
rswilbanks@dhr.state.ga.us

Franklin County DFCS
1133 Hull Street
P.O. Box 279
Carnesville, Georgia 30521-0279
(706) 384-4521 office
(706) 384-7194 fax

Andrea Cobb, Interim Director
agcobb@dhr.state.ga.us

Habersham County DFCS
1045 Grant Street
P.O. Box 160
Clarkesville, Georgia 30523-0160
(706) 754-2148 office
(706) 754-9670 fax

Renota Free, Director
rhfree@dhr.state.ga.us

Hall County DFCS
970 McEver Road Extension
Gainesville, Georgia 30504-3938
(770) 532-5298 office
(770) 535-6967 fax

Helen Jill Rice, Director
hjrice@dhr.state.ga.us

Hart County DFCS
267 East Johnson Street
P.O. Box 518
Hartwell, Georgia 30643-0518
(706) 856-2740 office
(706) 856-2792 fax

Andrea Cobb, Interim Director
agcobb@dhr.state.ga.us

Lumpkin County DFCS
175 Tipton Drive
Dahlonega, Georgia 30533
(706) 864-1980 office
(706) 864-1651 fax

Cheryl Dooley, Director
cldooley@dhr.state.ga.us

Rabun County DFCS
128 Hiawassee Street
P.O. Box 787
Clayton, Georgia 30525-0787
(706) 782-4283 office
(706) 782-6193 fax

Renota Free, Director
rhfree@dhr.state.ga.us

Stephens County DFCS
64 North Boulevard, Suite 101
Toccoa, Georgia 30577-1941
(706) 282-4505 office
(706) 282-4502 fax

John Mark Akridge, Director
jmakridge@dhr.state.ga.us

Towns County DFCS
1620 US 76 West, Suite 4
P. O. Box 156
Hiawassee, Georgia 30546-0156
(706) 896-3524 office
(706) 896-1457 fax

Mark Knowles, Director
maknowles@dhr.state.ga.us

Union County DFCS
163 Blue Ridge Highway
P.O. Box 220
Blairsville, Georgia 30512
(706) 781-2381 office
(706) 745-3560 fax

Mark Knowles, Director
maknowles@dhr.state.ga.us

White County DFCS
1241 Helen Highway, Suite 200
Cleveland, Georgia 30528-6938
(706) 865-3128 office
(706) 865-9586 fax

Cheryl Dooley, Director
cldooley@dhr.state.ga.us

REGION III

Bartow County DFCS
47 Brook Drive
P.O. Box 818
Cartersville, Georgia 30120-0818
(770) 387-3710 office
(770) 387-3944 fax

Lynn Green, Director
ltgreen@dhr.state.ga.us

Cherokee County DFCS
105 Lamar Haley Parkway
P.O. Box 826
Canton, Georgia 30169
(770) 720-3610 office
(770) 720-3680 fax

Charity Kemp, Director
cakemp@dhr.state.ga.us

Douglas County DFCS
8473 Duralee Lane, Suite 100
Douglasville, Georgia 30134-1135
(770) 489-3000 office
(770) 489-3035 fax

Kay Wimpy, Director
kjcampbell@dhr.state.ga.us

Floyd County DFCS
450 Riverside Parkway, Suite 110
Rome, Georgia 30162-0193
(706) 295-6500 office
(706) 295-6718 fax

Barbara Brown, Director
babrown@dhr.state.ga.us

Haralson County DFCS
21 Magnolia Street
P.O. Box 324
Buchanan, Georgia 30113-0324
(770) 646-3885 office
(770) 646-9373 fax

Elizabeth Smith, Director
ejsmith@dhr.state.ga.us

Paulding County DFCS
1387 Industrial Boulevard North
P.O. Box 168
Dallas, Georgia 30132-0168
(770) 443-7810 office
(770) 443-7820 fax

Barbara Burnley, Director
beburnley@dhr.state.ga.us

Polk County DFCS
100 County Loop Road
P.O. Box 147
Cedartown, Georgia 30125-0147
(770) 749-2232 office
(770) 749-2262 fax

Elizabeth Smith, Director
ejsmith@dhr.state.ga.us

REGION IV

Butts County DFCS
178 Ernest Biles Drive
Jackson, GA 30233-4187
(770) 504-2200 office
(770) 504-2204 fax

Ulanda Barkley, Director
uabarkley@dhr.state.ga.us

Carroll County DFCS
165 Independence Drive
Carrollton, Georgia 30116
(770) 830-2050 office
(770) 830-2106 fax

Charlene Harrod, Director
bcharrod@dhr.state.ga.us

Coweta County DFCS
533 Highway 29 North
Newnan, Georgia 30263-4735
(770) 254-7234 office
(770) 254-7500 fax

Merita Roberts-Croll, Director
[mlroberts@dhr.state.ga.us](mailto:mloberts@dhr.state.ga.us)

Fayette County DFCS
905 Highway 85 South
Fayetteville, Georgia 30215-2005
(770) 460-2555 office
(770) 460-2464 fax

Susan Boggs, Director
srboggs@dhr.state.ga.us

Heard County DFCS
1188 Franklin Parkway
P.O. Box 385
Franklin, Georgia 30217-0385
(706) 675-3361 office
(706) 675-0516 fax

Charlene Harrod, Director
bcharrod@dhr.state.ga.us

Lamar County DFCS
122 Westgate Plaza
Barnesville, Georgia 30204-0970
(770) 358-5170 office
(770) 770-358-5020 fax

Ulanda Barkley, Director
uabarkley@dhr.state.ga.us

Meriwether County DFCS
17234 Roosevelt Highway
Greenville, Georgia 30222-9599
(706) 672-4244 office
(706) 672-4342 fax

Durell Price, Director
dgprice@dhr.state.ga.us

Pike County DFCS
581 Highway 19 South
P.O. Box 387
Zebulon, Georgia 30295-0387
(770) 567-8427 office
(770) 567-0784 fax

LaResa Price, Director
laprice@dhr.state.ga.us

Spalding County DFCS
411 East Solomon Street
P.O. Box 1610
Griffin, Georgia 30223-0039
(770) 228-1386 office
(770) 412-4702 fax

Phyllis Easton-Barkley, Director
pebarkley@dhr.state.ga.us

Troup County DFCS
1220 Hogansville Road
LaGrange, Georgia 30241-4631
(706) 298-7100 office
(706) 298-7108 fax

Shay Thornton, Director
sbthornton@dhr.state.ga.us

Upson County DFCS
711 North Bethel Street
Thomaston, Georgia 30286-3103
(706) 646-6043 office
(706) 646-6048 fax

LaResa Price, Director
laprice@dhr.state.ga.us

REGION V

Barrow County DFCS
16 Lee Street
Winder, Georgia 30680-0546
(770) 868-4222 office
(770) 868-4235 fax

Holly Aguilar, Director
heaguilar@dhr.state.ga.us

Clarke County DFCS
284 North Avenue
Athens GA 30601
(706) 227-7000 office
(706) 227-7925 fax

Dawn Criss, Director
dmcrist@dhr.state.ga.us

Elbert County DFCS
45 Forest Avenue
P.O. Box 1010
Elberton, Georgia 30635-1010
(706) 213-2001 office
(706) 213-2039 fax

Grant McCurley Interim Director
jgmccurley@dhr.state.ga.us

Greene County DFCS
1951 South Main Street
Greensboro, Georgia 30642-0460
(706) 453-2365 office
(706) 453-5132 fax

Kelly Beasley, Director
klbeasley@dhr.state.ga.us

Jackson County DFCS
456 Athens Street
Jefferson, Georgia 30549-0526
(706) 367-3000 office
(706) 367-3044 fax

Holly Aguilar, Director
heaguilar@dhr.state.ga.us

Jasper County DFCS
226 Funderburg Drive
Monticello, Georgia 31064-1154
(706) 468-6461 office
(706) 468-1338 fax

Kelly Beasley, Director
klbeasley@dhr.state.ga.us

Madison County DFCS
Courthouse Square, Highway 29
P.O. Box 176
Danielsville, Georgia 30633-0176
(706) 795-2128 office
(706) 795-3651 fax

Kristy Daniels, Director
kmdaniels@dhr.state.ga.us

Morgan County DFCS
2005 Main Street, Suite 100
Madison, Georgia 30650-0089
(706) 343-5800 office
(706) 343-5827 fax

Kelly Beasley, Director
klbeasley@dhr.state.ga.us

Newton County DFCS
4117 Mill Street
P.O. Box 1588
Covington, Georgia 30015-1588
(770) 784-2490 office
(770) 784-2447 fax

Vacant, Director

Oconee County DFCS
1400 Greensboro Highway
Watkinsville, Georgia 30677
(706) 310-2260 office
(706) 769-8684 fax

Kelly Beasley, Director
klbeasley@dhr.state.ga.us

Oglethorpe County DFCS
231 Union Point Street
P.O. Box 160
Lexington, Georgia 30648-0160
(706) 743-8152 office
(706) 743-3019 fax

Kristy Daniels, Director
kmdaniels@dhr.state.ga.us

Walton County DFCS
300 Georgia Avenue
P.O. Box 927
Monroe, Georgia 30655-0927
(770) 207-4000 office
(770) 207-4093 fax

Hannah Rule, Director
hrule@dhr.state.ga.us

REGION VI

Baldwin County DFCS
154 Roberson Mill Road
P.O. Box 430
Milledgeville, Georgia 31061-0430
(478)445-4135 office
(478) 445-6531 fax

Vonetta Martin, Director
vmartin@dhr.state.ga.us

Bibb County DFCS
456 Oglethorpe Street
Macon, Georgia 31201-3278
(478) 751-6051 office
(478) 751-6578 fax

Martha Blue, Interim Director
mkblue@dhr.state.ga.us

Crawford County DFCS
360 North Dugger Avenue
P.O. Box 97
Roberta, Georgia 31078-0097
(478) 836-6030 office
(478) 836-6053 fax

Cynthia Simpson, Director
cesimpson@dhr.state.ga.us

Houston County DFCS
92 Cohen Walker Drive
Warner Robins, Georgia 31088-2729
(478) 988-7600 office
(478) 988-7617 fax

Traci Freeman, Director
tfreeman@dhr.state.ga.us

Jones County DFCS
141 James Street
P.O. Drawer 1689
Gray, Georgia 31032
(478) 986-3126 office
(478) 986-3127 fax

Tammy Threatt, Director
tpakins@dhr.state.ga.us

Monroe County DFCS
107 Martin Luther King Jr. Drive
Forsyth, Georgia 31029-0734
(478) 993-3030 office
(478) 993-3035 fax

Jennifer Porter, Interim Director
jlmason@dhr.state.ga.us

Peach County DFCS
700 Spruce Street, Wing E
P.O. Box 976
Fort Valley, Georgia 31030-0976
(478) 825-6428 office
(478) 825-6693 fax

Charmer Brazier, Director
chbrazier@dhr.state.ga.us

Putnam County DFCS
675 Godfrey Highway
P.O. Box 3670
Eatonton, Georgia 31024-3670
(706) 485-4921 office
(706) 485-0073 fax

Darlene Roberts, Director
dsroberts@dhr.state.ga.us

Twiggs County DFCS
719-A Highway 80 East
P.O. Box 530
Jeffersonville, Georgia 31044-0530
(478) 945-3258 office
(478) 945-6508 fax

LaCharn Dennard, Interim Director
imdennard@dhr.state.ga.us

Wilkinson County DFCS
103 Payne Street
P.O. Box 526
Irwinton, Georgia 31042-0526
(478) 946-2224 office
(478) 946-3821 fax

LaCharn Dennard, Interim Director
imdennard@dhr.state.ga.us

REGION VII

Burke County DFCS
729 West 6th Street
P.O. Box 390
Waynesboro, Georgia 30830-0390
(706) 554-7751 office
(706) 554-7093 fax

Phyllis Mozee, Interim Director
phmozee@dhr.state.ga.us

Columbia County DFCS
6358 Columbia Road
P.O. Box 340
Appling, Georgia 30802-0340
(706) 541-1640 office
(706) 541-0330 fax

Judy Richards, Director
jhrichards1@dhr.state.ga.us

Glascock County DFCS
674 Main Street, West
P.O. Box 225
Gibson, Georgia 30810-0225
(706) 598-2955 office
(706) 598-2540 fax

Jean Johnson, Director
jmjohnson2@dhr.state.ga.us

Hancock County DFCS
12744 Broad Street
P.O. Box 70
Sparta, Georgia 31087-0070
(706) 444-1203 office
(706) 444-1207 fax

William D. Thomas, Director
walthomas1@dhr.state.ga.us

Jefferson County DFCS
2459 US Highway 1 North
P.O. Box 570
Louisville, Georgia 30434-0570
(478) 625-7259 office
(478) 625-7984 fax

Jean Johnson, Director
jmjohnson2@dhr.state.ga.us

Jenkins County DFCS
618 South Gray Street
P.O. Box 808
Millen, Georgia 30442-0808
(478) 982-1944 office
(478) 982-2985 fax

Anna Herrington, Director
atherrington@dhr.state.ga.us

Lincoln County DFCS
171 North Peachtree Street
Lincolnton, Georgia 30817-0220
(706) 359-3135 office
(706) 359-6000 fax

Mary Beth Lukich, Director
melukich@dhr.state.ga.us

McDuffie County DFCS
307 Greenway Street
P.O. Box 507
Thomson, Georgia 30824-0507
(706) 595-2946 office
(706) 597-8525 fax

Mary Beth Lukich, Director
melukich@dhr.state.ga.us

Richmond County DFCS
520 Fenwick Street
P.O. Box 2277
Augusta, Georgia 30903-2277
(706) 721-2536 office
(706) 721-7140 fax

Lynn E. Barmore, Director
vebarmore@dhr.state.ga.us
Phyllis Mozee, Deputy Director
phmozee@dhr.state.ga.us

Screven County DFCS
110 Singleton Avenue
P.O. Box 513
Sylvania, Georgia 30467-0513
(912) 564-2041 office
(912) 564-9372 fax

Anna Herrington, Director
atherrington@dhr.state.ga.us

Taliaferro County DFCS
107 Commerce Street
P.O. Box 40
Crawfordville, Georgia 30631-0040
(706) 456-2339 office
(706) 456-2976 fax

William D. Thomas, Director
[wdthomas1@dhr.state.ga.us](mailto:wthomas1@dhr.state.ga.us)

Warren County DFCS
408 Highway 80 North
Warrenton, Georgia 30828-0166
(706) 465-3326 office
(706) 465-2819 fax

Mary Beth Lukich, Director
melukich@dhr.state.ga.us

Washington County DFCS
1124 South Harris Street
P.O. Box 108
Sandersville, Georgia 31082-0108
(478) 553-2350 office
(478) 553-2390 fax

William D. Thomas, Director
[wdthomas1@dhr.state.ga.us](mailto:wthomas1@dhr.state.ga.us)

Wilkes County DFCS
48 Lexington Avenue
Washington, Georgia 30673-0126
(706) 678-2814 office
(706) 678-5325 fax

Mary Beth Lukich, Director
melukich@dhr.state.ga.us

REGION VIII

Chattahoochee County DFCS
209 McNaughton Street
Cusseta, Georgia 31805-0070
(706) 989-3681 office
(706) 989-1066 fax

Donna Tennison, Interim Director
dbtennison@dhr.state.ga.us

Clay County DFCS
202 Wilson Street
P.O. Box 189
Fort Gaines, Georgia 39851
(229) 768-2511 office
(229) 768-3265 fax

Vacant, Director
Mary Gatlin, Social Services Lead
megatlin@dhr.state.ga.us
Patricia Williams, OFI Lead
pawilliams@dhr.state.ga.us

Crisp County DFCS
107 West 23rd Avenue
P.O. Box 459
Cordele, Georgia 31010-0459
(229) 276-2349 office
(229) 276-2713 fax

Deborah Smith, Director
dssmith@dhr.state.ga.us

Dooly County DFCS
1022 E. Union Street
P.O. Box 385
Vienna, Georgia 31092-0385
(229) 268-4111 office
(229) 268-1703 fax

Deborah Smith, Director
dssmith@dhr.state.ga.us

Harris County DFCS
134 North College Street
P.O. Box 285
Hamilton, Georgia 31811-0285
(706) 628-4226 office
(706) 628-5392 fax

Sekema Harmon, Interim Director
sharmon@dhr.state.ga.us

Macon County DFCS
413 Clifton Bradley Drive
P.O. Box 457
Oglethorpe, Georgia 31068-0457
(478) 472-3700 office
(478) 472-3732 fax

Deborah Smith, Director
dssmith@dhr.state.ga.us

Marion County DFCS
111 Baker Street
P.O. Box 473
Buena Vista, Georgia 31803-0473
(229) 649-2311 office
(229) 649-2428 fax

Donna Tennison, Interim Director
dbtennison@dhr.state.ga.us

Muscogee County DFCS
2100 Comer Avenue
P.O. Box 2627
Columbus, Georgia 31902-2627
(706) 649-7245 office
(706) 649-1342 fax

Marva Reed, Director
msreed@dhr.state.ga.us

Quitman County DFCS
Main Street
P.O. Box 68
Georgetown, Georgia 39854
(229) 334-2427 office
(229) 334-5606 fax

Vacant, Director
Mary Gatlin, Social Services Lead
megatlin@dhr.state.ga.us
Patricia Williams, OFI Lead
pawilliams@dhr.state.ga.us

Randolph County DFCS
311 North Webster Street
Cuthbert, Georgia 39840
(229) 732-3742 office
(229) 732-5412 fax

Laurie Sheffield, Interim Director
lasheffield@dhr.state.ga.us

Schley County DFCS
237 West Oglethorpe Street
P.O. Box 367
Ellaville, Georgia 31806-0367
(229) 937-2591 office
(229) 937-5641 fax

Deborah Smith, Director
dssmith@dhr.state.ga.us

Stewart County DFCS
Highway 27, Broad Street
P.O. Box 308
Lumpkin, Georgia 31815-0308
(229) 838-4335 office
(229) 838-6280 fax

Laurie Sheffield, Interim Director
lasheffield@dhr.state.ga.us

Sumter County DFCS
1601 North MLK Jr. Blvd.
Suite 200
Americus, GA 31719
229-931-2462 office
229-931-2427 fax

Loida Waters
lgwaters@dhr.state.ga.us

Talbot County DFCS
Jordan City Road
P.O. Box 96
Talbotton, Georgia 31827-0096
(706) 665-8524 office
(706) 665-3843 fax

Sekema Harmon, Director
sharmon@dhr.state.ga.us

Taylor County DFCS
Highway 137, West
P.O. Box 366
Butler, GA 31006-0366
(478) 862-5221 office
(478) 862-2999 fax

Sekema Harmon, Director
sharmon@dhr.state.ga.us

Webster County DFCS
Highway 4
P.O. Box 9
Preston, Georgia 31824-0009
(229) 828-6265 office
(229) 828-2032 fax

Laurie Sheffield, Interim Director
lasheffield@dhr.state.ga.us

REGION IX

Appling County DFCS
1160 West Parker Street
Baxley, Georgia 31513-0622
(912) 366-1010 office
(912) 366-1045 fax

Robert Gattis, Director
rcgattis@dhr.state.ga.us

Bleckley County DFCS
104 Peacock Street
Cochran, Georgia 31014-0499
(478) 934-3172 office
(478) 934-3332 fax

Rebecca Powell, Director
rlpowell@dhr.state.ga.us

Candler County DFCS
750 South Leroy Street
P.O. Box 46
Metter, Georgia 30439-0046
(912) 685-2163 office
(912) 685-3690 fax

Genell Akins, Interim Director
gcakins@dhr.state.ga.us

Dodge County DFCS
1111 Plaza Ave.
P.O. Box 4219
Eastman, Georgia 31023-4219
(478) 374-6760 office
(478) 374-6764 fax

Natalie Conley
nlwilson@dhr.state.ga.us

Emanuel County DFCS
143 North Anderson Drive
P.O. Box 808
Swainsboro, Georgia 30401-0808
(478) 289-2400 office
(478) 289-2462 fax

Genell Akins, Interim Director
gcakins@dhr.state.ga.us

Evans County DFCS
201 Freeman Street
P.O. Box 578
Claxton, Georgia 30417-0578
(912) 739-1222 office
(912) 739-0284 fax

Genell Akins, Interim Director
gcakins@dhr.state.ga.us

Jeff Davis County DFCS
40 E. Sycamore Street
P.O. Box 706
Hazlehurst, Georgia 31539-0706
(912) 375-3942 office
(912) 375-7997 fax

Vickie Jackson, Director
vljackson@dhr.state.ga.us

Johnson County DFCS
44 West Court Street
P.O. Box 500
Wrightsville, Georgia 31096-0500
(478) 864-4210 office
(478) 864-4214 fax

Tangela Strickland, Director
trstrickland@dhr.state.ga.us

Laurens County DFCS
904 Claxton Dairy Road
Dublin, Georgia 31040-0068
(478) 275-6533 office
(478) 275-6700 fax

Cecilia Schenck, Director
chshenck@dhr.state.ga.us

Montgomery County DFCS
130 East Spring Street
P.O. Box 217
Mt. Vernon, Georgia 30445-0217
(912) 583-3722 office
(912) 583-3739 fax

Tangela Strickland, Director
trstrickland@dhr.state.ga.us

Pulaski County DFCS
180 Broad Street
Hawkinsville, Georgia 31036-0567
(478) 783-6191 office
(478) 783-6195 fax

Natalie Conley
nlwilson@dhr.state.ga.us

Tattall County DFCS
117 North Main Street
P.O. Box 518
Reidsville, Georgia 30453-0518
(912) 557-7721 office
(912) 557-7774 fax

Genell Akins, Interim Director
gcakins@dhr.state.ga.us

Telfair County DFCS
310 East Brewton Street
P.O. Box 456
McRae, Georgia 31055-0456
(229) 868-3030 office
(229) 868-3033 fax

Natalie Conley, Director
nlwilson@dhr.state.ga.us

Toombs County DFCS
162 Oxley Drive
P.O. Box 191
Lyons, Georgia 30436-0191
(912) 526-8117 office
(912) 526-6986 fax

Robert Gattis, Director
rcgattis@dhr.state.ga.us

Treutlen County DFCS
1831 Martin Luther King, Jr. Drive
Soperton, Georgia 30457
(912) 529-3757 office
(912) 529-4305 fax

Tangela Strickland, Director
trstrickland@dhr.state.ga.us

Wayne County DFCS
1220 South 1st Street
Jesup, Georgia 31598-0267
(912) 427-5866 office
(912) 427-5885 fax

Robert Gattis, Director
rcgattis@dhr.state.ga.us

Wheeler County DFCS
312 W. Third Avenue
P.O. Box 221
Alamo, Georgia 30411-0221
(912) 568-7127 office
(912) 568-7196 fax

Natalie Conley, Director
nlwilson@dhr.state.ga.us

Wilcox County DFCS
453 Second Avenue
P.O. Box 246
Rochelle, Georgia 31079-0246
(229) 365-2243 office
(229) 365-2575 fax

Rebecca Powell, Director
rlpowell@dhr.state.ga.us

REGION X

Baker County DFCS
322 Sunset Ave SW
P.O. Box 540
Newton, Georgia 39870
(229) 734-5247 office
(229) 734-8442 fax

Scott Mithen, Director
tsmithen@dhr.state.ga.us

Calhoun County DFCS
28239 Main Street
P.O. Box 9
Morgan, Georgia 39866
(229) 849-5100 office
(229) 849-5101 fax

Jackie Bridges, Director
jibridges@dhr.state.ga.us

Colquitt County DFCS
449 N. Main Street, Ste. A
Moultrie, Georgia 31768
(229) 217-4000 office
(229) 217-4034 fax
(229) 217-4033 Services

Sherry Bailey, Director
skbailey@dhr.state.ga.us

Decatur County DFCS
505 S. Wheat Avenue
Bainbridge, GA 39819
(229) 248-2420 office
(229) 248-3955 fax

Jackie Bridges, Director
jibridges@dhr.state.ga.us

Dougherty County DFCS
200 West Oglethorpe Boulevard, Suite 400
P.O. Box 3249
Albany, Georgia 31706-3249
(229) 430-4118 office
(229) 430-4355 fax

Kimberly Smith, Director
kcsmith@dhr.state.ga.us

Early County DFCS
11860 Columbia Street
P.O. Box 747
Blakely, Georgia 39823-0747
(229) 724-2000 office
(229) 724-2005 fax

Ginger Weathersby, Director
gbweathersby@dhr.state.ga.us

Grady County DFCS
250 2nd Avenue, SE
Cairo, Georgia 39828
(229) 377-3154 office
(229) 378-2561 fax

Scott Mithen, Director
tsmithen@dhr.state.ga.us

Lee County DFCS
121 Fourth Street
P. O. Box 145
Leesburg, Georgia 31763-0145
(229) 759-3000 office
(229) 759-3004 fax

Jamie Swain, Interim Director
jdswhain@dhr.state.ga.us

Miller County DFCS
69 Thompson Town Road
Colquitt, Georgia 39837
(229) 758-3387 office
(229) 758-5084 fax

Ginger Weathersby, Director
gbweathersby@dhr.state.ga.us

Mitchell County DFCS
90 West Oakland Avenue
Camilla, Georgia 31730
(229) 522-3500 office
(229) 522-3561 fax
(229) 522-3549 Admin/OFI/Services

Scott Mithen, Director
tsmithen@dhr.state.ga.us

Seminole County DFCS
108 West 4th Street
Donalsonville, Georgia 39845
(229) 524-2365 office
(229) 524-6632 fax

Ginger Weathersby, Director
gbweathersby@dhr.state.ga.us

Terrell County DFCS
642 Randolph Street, SE
P.O. Box 30
Dawson, Georgia 39842
(229) 995-4431 office
(229) 995-4809 fax

Mavis Moore, Director
mlmoore@dhr.state.ga.us

Thomas County DFCS
460 Smith Avenue
Thomasville, Georgia 31792
(229) 225-4005 office
(229) 225-5278 fax

Ken Law, Director
kllaw@dhr.state.ga.us

Worth County DFCS
503 North Henderson Street
P.O. Box 527
Sylvester, Georgia 31791-0527
(229) 777-2000 office
(229) 777-2073 fax

Meredith Yancey, Director
mjyancey@dhr.state.ga.us

REGION XI

Atkinson County DFCS
92 Legion Avenue
P.O. Box 278
Pearson, Georgia 31642-0278
(912) 422-3242 office
(912) 422-3538 fax

Natalie Howell
nwhowell@dhr.state.ga.us

Bacon County DFCS
417 South Dixon Street
P.O. Box 447
Alma, Georgia 31510-0447
(912) 632-8375 office
(912) 632-5007 fax

Brandi Threat, Director
bcthreat@dhr.state.ga.us

Ben Hill County DFCS
124 South Grant Street
Fitzgerald, Georgia 31750-2901
(229) 426-5300 office
(229) 426-5338 fax

Mary Bracewell, Director
mbracewell@dhr.state.ga.us

Berrien County DFCS
301 South Jefferson Street
Nashville, Georgia 31639
(229) 686-5568 office
(229) 686-3933 fax

Mary Bracewell, Director
mbracewell@dhr.state.ga.us

Brantley County DFCS
127 Bryan Street
P.O. Box 308
Nahunta, Georgia 31553-0308
(912) 462-6171 office
(912) 462-7255 fax

Traci Carter, Director
tecarter1@dhr.state.ga.us

Brooks County DFCS
201 South Barnes Street
Quitman, Georgia 31643-1838
(229) 263-7567 office
(229) 263-9014 fax

Rhonda Wheeler, Director
rgwheeler@dhr.state.ga.us

Charlton County DFCS
32 Oakwood Street
Folkston, Ga. 31537
(912) 496-2527 office
(912) 496-4232 fax

Traci Carter, Director
tecarter1@dhr.state.ga.us

Clinch County DFCS
101 East Shirley Road
P.O. Box 396
Homerville, Georgia 31634-0396
(912) 487-5263 office
(912) 487-3599 fax

Natalie Howell
nwhowell@dhr.state.ga.us

Coffee County DFCS
1300 West Baker Highway
Douglas, Georgia 31534-1119
(912) 389-4286 office
(912) 389-4419 fax

Ronn Ross, Director
roross@dhr.state.ga.us

Cook County DFCS
1010 South Hutchinson Avenue
Adel, Georgia 31620
(229) 896-3672 office
(229) 896-7709 fax

Ronn Ross, Director
roross@dhr.state.ga.us

Echols County DFCS
106 Church of God Street
Statenville, Georgia 31648-9711
(229) 559-5751 office
(229) 559-6167 fax

Natalie Howell, Director
nwhowell@dhr.state.ga.us

Irwin County DFCS
108 North Irwin Avenue
Ocilla, Georgia 31774-1507
(229) 468-2150 office
(229) 468-2177 fax

Mary Bracewell, Director
mbracewell@dhr.state.ga.us

Lanier County DFCS
5 Roguemoire Circle
Lakeland, Georgia 31635
(229) 482-3686 office
(229) 482-2334 fax

Natalie Howell, Director
nwhowell@dhr.state.ga.us

Lowndes County DFCS
206 S. Patterson Street
P.O. Box 5166
Valdosta, Georgia 31603-5166
(229) 333-5200 office
(229) 245-2428 fax

Virginia Boswell, Director
vlboswell@dhr.state.ga.us

Pierce County DFCS
621 Hendry Street
P.O. Box 620
Blackshear, Georgia 31516-0620
(912) 449-6624 office
(912) 449-8165 fax

Brandi Threat, Director
bcthreat@dhr.state.ga.us

Tift County DFCS
410 West 2nd Street
Tifton, Georgia 31794-7550
(229) 386-3388 office
(229) 386-7236 fax

Anisia Clark, Director
aeclark@dhr.state.ga.us

Turner County DFCS
336 North Street
Ashburn, Georgia 31714-0804
(229) 567-4353 office
(229) 567-3954 fax

Anisia Clark, Director
rsmcbrayer@dhr.state.ga.us

Ware County DFCS
1200 Plant Ave
P.O. Box 2048
(912) 285-6040 office
(912) 287-6626 fax(912) 287-6626 fax

Brandi Threat, Interim Director
bcthreat@dhr.state.ga.us
Richard Thigpen, Administrator
rethigpen@dhr.state.ga.us

REGION XII

Bryan County DFCS
133 West Dubois Street
P.O. Box 398
Pembroke, Georgia 31321-0398
(912) 653-2805 office
(912) 653-2803 fax

Diane Hardee, Director
dmhardee@dhr.state.ga.us

Bulloch County DFCS
41 Pulaski Highway
P.O. Box 1103
Statesboro, Georgia 30459-1103
(912) 871-1333 office
(912) 486-7020 fax

Diane Hardee, Director
dmhardee@dhr.state.ga.us

Camden County DFCS
721 Charles Gilman Jr. Avenue
P.O. Box 68
Kingsland, GA 31548-0068
(912) 729-4583 office
(912) 729-7969 fax

Beth Griffis, Director
bbgriffis@dhr.state.ga.us

Chatham County DFCS
761 Wheaton Street
P.O. Box 2566
Savannah, Georgia 31402
(912) 651-2211 office
(912) 651-2890 fax

Maureen McFadden, Director
mamcfadden@dhr.state.ga.us

Effingham County DFCS
204 Franklin Street
P.O. Box 345
Springfield, Georgia 31329-0345
(912) 754-6471 office
(912) 754-7638 fax

Dedra Simich, Director
dasimich@dhr.state.ga.us

Glynn County DFCS
4420 Altama Avenue, Suite 9
P.O. Box 400
Brunswick, GA 31521-0400
(912) 262-3200 office
(912) 262-3056 fax

Kristal Jones, Interim Director
kgjones@dhr.state.ga.us

Liberty County DFCS
112 West Oglethorpe Highway
Hinesville, Georgia 31313
(912) 370-2555 office
(888) 414-8977 fax

Shawn Brown, Director
shbrown2@dhr.state.ga.us

Long County DFCS
59 North Macon Drive
P.O. Box 369
Ludowici, Georgia 31316-0369
(912) 545-2177 office
(912) 545-9769 fax

Shawn Brown, Director
shbrown2@dhr.state.ga.us

McIntosh County DFCS
1221 North Way
P.O. Box 1139
Darien, Georgia 31305-1139
(912) 437-4193 office
(912) 437-4170 fax

Kristal Jones, Interim Director
kgjones@dhr.state.ga.us

REGION XIII

Clayton County DFCS
877 Battlecreek Road
Jonesboro, Georgia 30236-1942
(770) 473-2300 office
(770) 473-2315 direct
(770) 478-5948 fax

(Vacant) Director
ldnelson@dhr.state.ga.us

Henry County DFCS
125 Henry Parkway
McDonough, Georgia 30253
(770) 954-2014 office
(770) 954-2084 fax

Andre Chambers, Interim Director
ajchambers@dhr.state.ga.us

Rockdale County DFCS
975 Taylor Street, SW
Conyers, Georgia 30012
(770) 388-5025 office
(770) 785-6828 fax

Cassandra Jones, Director
cdjones@dhr.state.ga.us

REGION XIV

Dekalb County DFCS
178 Sams Street
Decatur, Georgia 30030-4134
(404) 370-5246 office/ (404) 313-5012 bb
(404) 370-5499 fax

Laurence Nelson, Director
ldnelson@dhr.state.ga.us

Fulton County DFCS
1249 Donald Lee Hollowell Parkway
Atlanta, GA 30318
(404) 206-5300 office/ (404) 206-5190 fax

Glenene Lanier, Director
gwanier@dhr.stat.ga.us

REGION XV

Cobb County DFCS
325 Fairground Street, SE
Marietta, Georgia 30060-2355
(770) 528-5000 office
(770) 528-5154 fax

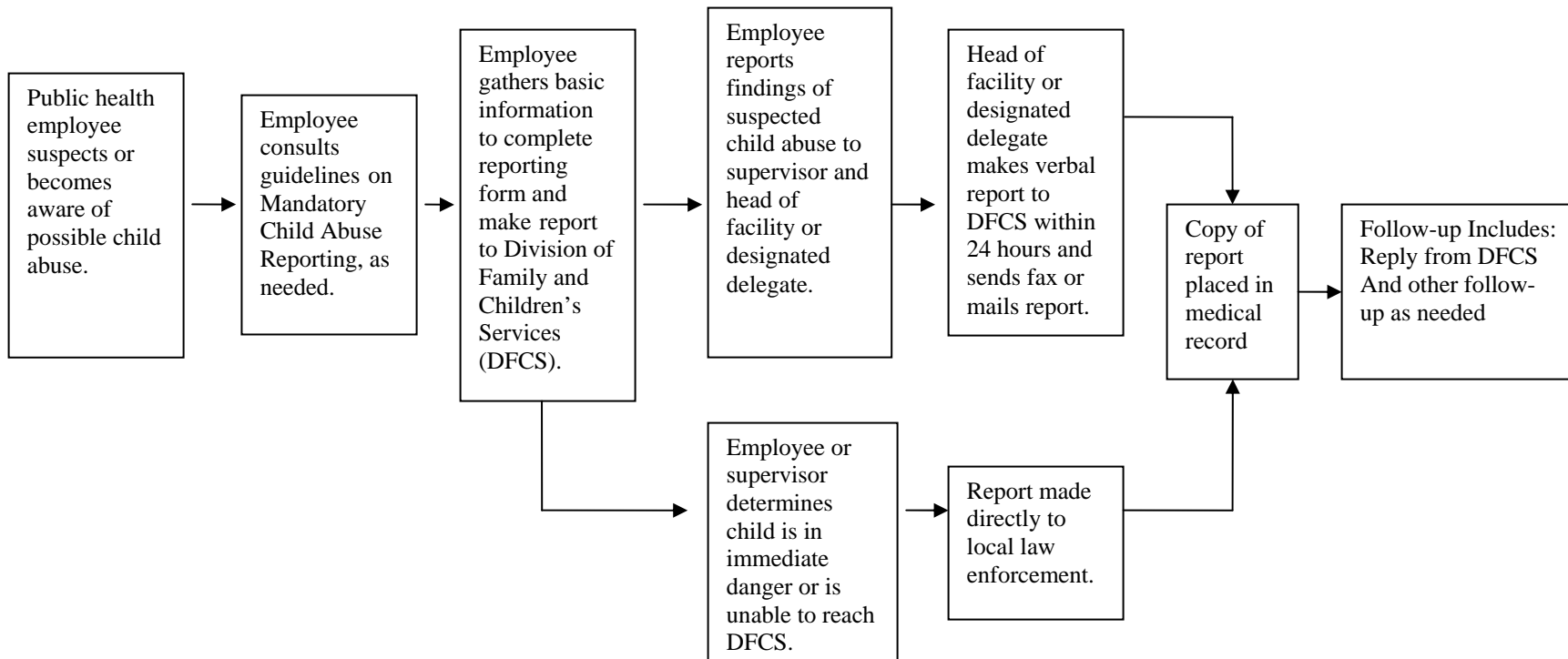
Sabrina Watson, Director
sswatson@dhr.state.ga.us

Gwinnett County DFCS
One Justice Square
446 West Crogan Street, Suite 300
Lawrenceville, Georgia 30046-2475
(678) 518-5500 office
(678) 518-5503 fax

D'Anna Liber, Director
dkliber@dhr.state.ga.us

Appendix L

FLOW CHART FOR MANDATORY REPORTING OF CHILD ABUSE AND NEGLECT (MALTREATMENT)



REFERENCES

1. Official Code of Georgia Annotated Georgia (O.C.G.A.) § 19-7-5.
2. "Prevent Child Abuse Georgia," *Promises to Keep Training Curriculum*; November 2006, revised February 2007.
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4. Adapted in part from Angelo P. Giardino, M.D. PhD and Eileen R. Giardino, Ph.D., RN, CRNP, *Recognition of Child Abuse for the Mandated Reporter*, 3rd Edition. G.W. Medical Publishing, Inc., St. Louis, Missouri, 2002. (current)