



A Guide to Reporting Child Abuse & Neglect

Compiled by the Kansas Department for Children and Families



Contents

Preface	3
Defining and Recognizing Child Abuse and Neglect	4
Tips for Mandated Reporters.....	4
Abuse of a Child	5
Physical Abuse	5
Sexual Abuse.....	8
Emotional Abuse.....	9
Neglect of a Child	11
Physical Neglect	11
Medical Neglect	12
Lack of Supervision	12
Abandonment	13
Who is Required to Report Child Abuse or Neglect?	14
Frequently Asked Questions (FAQ): Reporting.....	15
FAQ: How To Make a Report	16
FAQ: After Report Is Made.....	18
FAQ: Investigation Process	19
FAQ: Child Protective Custody	20
What Can I Do to Prevent Child Abuse?	22

Preface

The initial steps in helping suspected abused or neglected children are defining and learning to recognize the indicators of child abuse and neglect. This booklet is intended to help both concerned community members and individuals who are required by law to know how and when to report child abuse and neglect. Information in this booklet includes:

- Tips for mandated reporters
- Definitions of types of abuse and neglect
- Behavioral and physical indicators of abuse and neglect
- Common myths and facts of abuse and neglect
- Kansas reporting laws
- When to make a report
- What information is needed to make a report
- Where to make a report
- Consequences of failure to report
- How child protection systems play an important role in promoting safe families
- How to prevent child abuse and neglect

Child abuse prevention helps create a more compassionate society, one which places a high value on the welfare of children. It is important to provide families the tools and resources they need to raise their children in healthy and nurturing homes free from abuse and neglect.

What services or resources are available in your community to support these efforts?





Defining and Recognizing Child Abuse and Neglect

Child abuse and neglect refer to situations where a child experiences harm as a result of physical, mental or emotional abuse or neglect or sexual abuse. Learning to recognize indicators will help our communities know when to report possible child abuse and neglect.

Indicators are provided in the following sections along with each type of child abuse and neglect. It is important to understand that the presence of a single indicator does not necessarily prove child abuse or neglect is occurring, rather it alerts the reporter of the possibility that child abuse and neglect may be occurring.

If a child reports being a possible victim of abuse or neglect, give the child reassurance and explain that telling you about what happened is okay and safe. Additionally, respect the privacy of the child. The child will need to tell the story in detail later. Do not display shock or disapproval of the parents, the child or the situation. Tell the child you are going to call someone who will help.



Tips for Mandated Reporters

When gathering information for a report, aim to collect only the essential details needed. You do not need to know all the facts of the situation to make a report. A reporter only needs to have a suspicion that a child has been harmed or there is a likelihood of harm as a result of abuse or neglect.

Be cautious when asking the child questions and avoid putting words in the child's mouth.

Focus on asking open-ended questions to gather the who, what, when and where. Asking leading questions may harm the child and unintentionally alter the facts of the case. For example, a child may disclose, "My daddy touched me." An example of a leading question is, "Did your daddy touch your private?" This is leading because it assumes where the child was touched before the child has disclosed this information and it uses language ("private") the child may not use.

Abuse of a Child



Physical Abuse

Definition

Physical abuse means the infliction of physical harm or the causing of a deterioration of a child and may include, but shall not be limited to, maltreatment or exploiting a child to the extent that the child's health or well-being is endangered. (Kansas Statutes Annotated [K.S.A.] 38-2202)

Indicators of Physical Abuse

Physical indicators should be considered based on medical findings, the child's developmental state or the presence of other indicators if known. Listed below are common physical indicators of physical abuse. This is a list of common indicators and is not all inclusive as there could be other indicators presented.



Common Indicators

Bruises, welts or bite marks

- Different colors or in various stages of healing
- Back, buttocks and back of legs
- Injury on protected surfaces or areas of soft tissue
- Groups, clusters or patterns
- Not common for age and activity level of child
- Injury to a child who is not mobile
- Defense wounds to back of arms and hands
- Shape of bruise, i.e. shape of an object

Burns

- Scalds and immersion burns
 - Sock-like, glove-like, doughnut shaped on buttocks or genitalia
 - Splash burns
- Contact burns
 - Cigar, cigarette especially on the soles, palms, back, buttocks
 - Patterned like electric iron, electric burner, fireplace tool, etc.
 - Rope burns on arms, legs, neck and torso

Lacerations, abrasions or unusual bleeding

- Loop-type lacerations from belts, straps and extension cords
- Lacerations to the backside of the body (whipping)
- Series or groups of straight-line lacerations or welts

Head trauma

- Black eyes
- Split lips or loose teeth
- Lumps on the head
- Facial bruises or bruising behind or in the ear.

Fractures, scars or internal injuries

Abusive Head Trauma

Abusive Head Trauma (AHT) is a term used to describe the constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant or small child.

Possible Signs and Symptoms of AHT

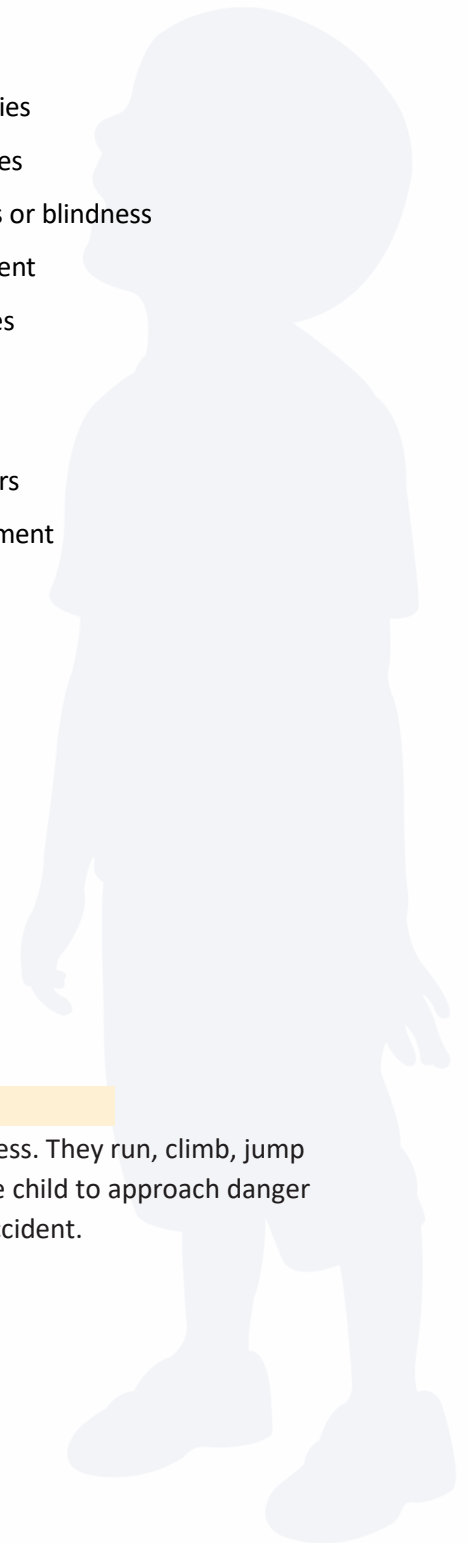
- Lethargy/decreased muscle tone
- Extreme irritability
- Decreased appetite, poor feeding or vomiting for no apparent reason
- Grab-type bruises on arms or chest
- No smiling or vocalization
- Poor sucking or swallowing
- Rigidity or posturing
- Difficulty breathing
- Decreased level of consciousness
- Seizures
- Head or forehead appears larger than usual
- Soft spot-on head appears to be bulging
- Inability to lift head
- Inability of eyes to focus or track movement
- Unequal size of pupils

Consequences of AHT

- Learning disabilities
- Physical disabilities
- Visual disabilities or blindness
- Hearing impairment
- Speech disabilities
- Cerebral Palsy
- Seizures
- Behavior disorders
- Cognitive impairment
- Death

Distinguishing Abuse from Accident

The very nature of childhood invites accidents. Children are curious and fearless. They run, climb, jump and explore. A child's motor skills usually outpace cognitive skills, allowing the child to approach danger without recognizing it. Thus, it can be difficult to distinguish abuse from an accident.



When observing injuries you suspect might be the result of abuse, consider:

Where is the injury?

Certain locations on the body are more likely to be injured during an accidental fall or bump, including knees, elbow, shins and the forehead. Protected parts of the body such as the back, thighs, genital area, buttocks, back of the legs or face are less likely to accidentally come into contact with objects which could cause injury. It is important to remember to look for other indicators.

How many injuries does the child have?

Are there several injuries occurring at one time or over a period of time? The greater the number of injuries—such as bruises on a single surface that are clustered—the greater the cause for concern. Unless involved in a serious accident, a child is not likely to sustain a number of different injuries accidentally. Injuries in different stages of healing can suggest a pattern of occurrence.

What are the size and shape of the injuries?

Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hairbrush, etc. The resulting marks bear strong resemblance to the object that was used. For example, welts caused by hitting a child with an electrical cord might be loop-shaped; a belt might cause bruises in the shape of the buckle. Accidental marks resulting from bumps and falls usually have no defined shape.

Does the description of how the injury occurred seem likely?

If an injury is accidental, there should be a reasonable explanation of how it happened consistent with its severity, type and location. When the description of how the injury occurred and the appearance of the injury do not match up, there could be cause for concern. It is also important to check for discrepancies between the injury and the explanation provided by the caretaker and others.

Is the injury consistent with the child's developmental capabilities?

As a child grows and gains new skills, he increases his ability to engage in activities that can cause injury. A toddler trying to run is likely to suffer bruised knees and a bump on the head before the skill is perfected. He is less likely to suffer a broken arm than is an eight-year-old who has discovered the joy of climbing trees.



Sexual Abuse

Definition

Sexual Abuse is any contact or interaction with a child in which the child may be used for the sexual stimulation of the perpetrator, the child or another person. Sexual abuse shall include, but is not limited to, allowing, permitting or encouraging a child:

- Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity or coercion. KAR 30-46-10.
- Photographed, filmed or depicted in obscene or pornographic material; or
- Subjected to aggravated human trafficking, as defined in K.S.A. 2019 Supp. 21-5426(b) and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2019 Supp. 21- 6419 or 21-6422 and amendments thereto. (K.S.A. 38-2202)
 - Human Trafficking also includes labor: the intentional recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjecting the person to involuntary servitude or forced labor.

Indicators of Sexual Abuse

The following are some physical and behavioral indicators that a child is being sexually abused. This is a list of common indicators and is not all inclusive as there could be other indicators present.



Common Indicators

- Sexually transmitted disease or infection, including oral infections
- Pregnancy, especially in early adolescents
- Pelvic inflammatory disease
- Torn, stained or bloody underclothing
- Difficulty or pain in walking and/or sitting
- Foreign matter in the bladder, rectum, urethra or vagina
- Painful discharge of urine and/or repeated urinary infections
- Bruising, trauma and lesions inside or around the mouth

Risks for Victimization of Human Trafficking

It is not solely a history of sexual abuse that places a youth at risk for victimization of human trafficking.

Any youth may be at risk of victimization of human trafficking including youth of any ethnicity, race or religion; any socio-economic class; both male and female; any sexual orientation; and youth of all ages, including teenagers.

Although, these youth are at a higher risk:

Youth with
histories of
abuse/neglect

Homeless and
runaways

Youth within
the foster care
system

Youth lacking a
safety net



Emotional Abuse

Definition

Infliction of mental or emotional harm or the causing of a deterioration of a child and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

Terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;

Emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child or failing to provide adequate nurturance of the child; and

Corrupting a child, by teaching or rewarding the child for unlawful, antisocial or sexually mature behaviors.

Emotional abuse or maltreatment is a consistent, chronic behavior by an adult that has a harmful effect on the child. Each of us may be guilty of overreacting to a situation or of having criticized him/her too harshly. However, emotional abuse, as defined here, seriously impairs the child's social, emotional or intellectual functioning.

Indicators of Emotional Abuse

Physical indicators are not commonly associated with emotional abuse; however, there are many behavioral indicators that may be presented by the child and the adult abuser. The following are some examples of the behavioral indicators that the child and adult may display. This is a list of common indicators and is not all inclusive, as there could be other indicators presented. A child's behavior alone is not enough to indicate emotional abuse. Children can have behaviors associated with other mental or emotional struggles. The key is whether there is a parent/caregiver's behavior associated with the concerning child behavior.



Common Indicators

- Daytime anxiety and unrealistic fears
- Irrational and persistent fears, dreads or hatreds
- Sleep problems, nightmares
- Behavioral extremes such as aggression, property destruction, risky actions, blaming others, attention-seeking and agitation
- Biting, rocking, head-banging or thumb sucking in an older child (habit disorders)
- Substance abuse
- Cutting
- Fire starting
- Sudden changes in school performance
- Changes in behavior, personality or appearance

Neglect of a Child

Neglect is an ongoing concern of the caregiver not meeting the child's basic needs. It is important to note, poverty is a risk factor for neglect, but **poverty does not equate to neglect**. The presence of poverty alone does not mean a child is unsafe, unloved or that a parent lacks the capacity to care for his or her child. Poverty can make it more challenging for parents to meet some of their children's needs. Communities can help with prevention by developing supportive, kind and concrete efforts to assist families to overcome poverty-related challenges and stay together.

See *"It's Time to Stop Confusing Poverty with Neglect"* by Jerry Milner and David Kelly.¹

There are physical and behavioral indicators of neglect. Below is a list of types of neglect and common physical and behavioral indicators. This list is not all inclusive, as there could be other indicators present.



Physical Neglect

Definition

Acts or omissions by a parent, guardian or person responsible for the care of a child resulting in harm to a child or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include but shall not be limited to: failure to provide the child with food, clothing or shelter necessary to sustain the life or health of the child. (K.S.A. 38-2202)



Common Indicators

- Frequent rashes and untreated diaper rashes in infants
- Extreme weight or growth issues
- Untreated medical or dental issues
- Regular illness or infections not related to a diagnosed medical condition
- Skin issues, such as sores, rashes, flea bites, scabies or ringworm
- Poor muscle tone or prominent joints
- Constant fatigue or listlessness

¹ <https://imprintnews.org/featured/time-for-child-welfare-system-to-stop-confusing-poverty-with-neglect/40222>



Medical Neglect

Definition

Acts or omissions by a parent, guardian or person responsible for the care of a child resulting in harm to a child or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to:

- Failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering or correct or substantially diminish a crippling condition from worsening.
- A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. (K.S.A. 38-2202)



Common Indicators

- Lack of medical or dental care after diagnosis of a condition, not due to lack of financial means of the parent or caregiver
- Lack of adequate nutrition after a diagnosis indicating the need, not due to lack of financial means of the parent or caregiver
- Physical and speech delays related to a diagnosed medical condition
- Failure to thrive
- Diagnosed signs of dental decay and the child states feeling pain and has difficulty eating
- Untreated life threatening medical conditions such as juvenile diabetes



Lack of Supervision

Definition

Acts or omissions by a parent, guardian or person responsible for the care of a child resulting in harm to a child or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. (K.S.A. 38-2202)

Senate Bill 408, enacted in 2026, amended the Code of Care for Children to update the definition of "child in need of care" by excluding certain age appropriate independent activities from the definition.

Independent activities that are age appropriate based on the child's age, maturity, and mental abilities are considered when assessing children alleged to be abused or neglected. This includes, but is not limited to, traveling to or from school or nearby locations on foot or by bicycle, playing outdoors, remaining at home for a reasonable amount of time or remaining in a vehicle that is not dangerously hot or cold for a reasonable amount of time.



Common Indicators

A child is left unsupervised in an environment that may require a higher level of attention from a caregiver. For example:

- A young child is left unsupervised in close proximity to a body of water
- Children are observed playing in a busy street with no apparent supervision
- A child is left in an environment where they have access to dangerous or harmful objects or substances.



Abandonment

Definition

To forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. (K.S.A. 38-2202)

A child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, the child has been deserted with no regard for his or her health or safety or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time.²



Common Indicators

- No adult guardian available to make health/school decisions
- Parent(s)/caregiver(s) leave child with no intention of returning without providing long term arrangements for care
- Alternative caregiver is no longer willing to provide care and no appropriate arrangements have been made

² Child Welfare Information Gateway. (2019). *What is child abuse and neglect? Recognizing the signs and symptoms*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau

Who is Required to Report Child Abuse or Neglect?

Kansas Reporting Laws: Mandated reporters are required to report child abuse or neglect under the Kansas reporting law (K.S.A. 38-2223). *Please see statute for full list and requirements.*



Medical
Professionals



Mental Health
Professionals



School
Personnel



Child Care
Providers



Emergency
Responders and
Juvenile and Court
Services



Social Services
to Pregnant
Teens

Medical Professionals: Persons licensed to practice the healing arts, dentistry and optometry, persons engaged in postgraduate training programs approved by the state board of healing arts, licensed professional or practical nurses and chief administrative officers of medical care facilities.

Mental Health Professionals: Licensed psychologists, licensed master's level psychologists, licensed clinical psychotherapists, licensed social workers, licensed marriage and family therapists, licensed clinical marriage and family therapists, licensed behavioral analysts, licensed assistant behavioral analysts, licensed professional counselors, licensed clinical professional counselors and registered alcohol and drug abuse counselors.

School Personnel: teachers, school administrators or other employees of an educational institution which the child is attending and any member of the board of directors of the Kansas state high school activities association referenced in [K.S.A. 72-7114](#) and amendments thereto and any person who is employed by or is an officer of such association.

Child Care Providers: persons licensed by the secretary of health and environment to provide childcare services or the employees of persons so licensed at the place where the childcare services are being provided to the child.

Emergency Responders and Juvenile and Court Services: firefighters, emergency medical services personnel, law enforcement officers, juvenile intake and assessment workers, court services officers, community corrections officers, case managers appointed under [K.S.A. 2018 Supp. 23-3508](#) and amendments thereto and mediators appointed under [K.S.A. 2018 Supp. 23-3502](#) and amendments thereto.

Social Services to Pregnant Teens: any person employed by or who works as a volunteer for any organization, whether for profit or not-for-profit, that provides social services to pregnant teenagers, including, but not limited to, counseling, adoption services and pregnancy education and maintenance.

Frequently Asked Questions (FAQ): Reporting

Q. What is the legal penalty if a mandated reporter fails to report suspected child abuse?

A. **CLASS B MISDEMEANOR.** Failure of a mandated reporter to make a report is a crime that could result in a **\$1,000 fine or up to six (6) months in jail**. Some agencies may expect staff to discuss abuse situations with their supervisor before reporting. However, if a staff member believes a report of child abuse or neglect needs to be made to DCF or law enforcement, it is the responsibility of the staff member to report, whether or not the supervisor is in agreement. Employers are prohibited from imposing sanctions on employees making reports or cooperating in investigations. [K.S.A. 38-2224](#)

Q. Can legal action be brought against me for reporting suspected abuse or neglect?

A. Kansas law provides immunity from liability for reporters when reports are made without malice.

Q. Would a reporter incur any civil liability if required to participate in court proceedings as a witness?

A. No

Q. On what basis may a report of suspected child abuse be made?

A. A report must be made by a mandated reporter if there is reason to suspect that a child has been harmed as a result of abuse and/or neglect.

Q. What does “reason to suspect” mean?

A. “Reason to suspect” means anytime anyone believes a child is or has been harmed as a result of abuse or neglect. A report based on “reason to suspect” also means the law does not require proof that abuse or neglect has occurred or the reporter witnessed the incident in question. A reporter may have “reason to suspect” when there is a discrepant or inconsistent history in explaining a child’s injury. Consider whether the description of how the injury occurred seems likely. If the injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the severity, type and location of the injury. When the description of how the injury occurred and the appearance of the injury do not seem related, there is cause for concern (“a reason to suspect”).

If you believe the child is in immediate danger or in an emergency, contact law enforcement first, as they are a first responder. Follow up with a report to DCF.

Q. What if an employer has separate policies for reporting child abuse or neglect?

A. Often employers have policies separate from the statutes for reporting suspicions or concerns of child abuse or neglect, such as notifying a supervisor first. It is important to note any local policies or procedures do not supersede a mandated reporter’s statutory requirement to report. As a mandated reporter, you are responsible to report your concerns.

Q. What if a mandated reporter believes the situation has already been reported; is there still a requirement to report?

A. Yes, Reference: K.S.A. 38-2223 (e) Violations (1) “It is not a defense that another mandatory reporter made a report.”

Q. Can a mandated reporter make a report anonymously?

- A. Reporting anonymously may result in not being able to prove that a report of suspected abuse or neglect was made by a mandated reporter.



FAQ: How To Make a Report

Q. How do I make a report?

- A. Primary methods for making a report:

Telephone: 1-800-922-5330

Online Web Intake: Mandated reporters may access the online report by visiting the DCF website at dcf.ks.gov/services/PPS/pages/mandated-reporter-portal.aspx

Q. What type of information should a report contain?

- A. Both mandated reporters and concerned community members should attempt to include the following information:

Information about the child(ren) (alleged victim or child(ren) who was harmed)

- Name, date of birth or estimated age and address
- Current location the child can be located

Caregiver (parent or other)

- Name, date of birth or estimated age, address and phone number

Alleged perpetrator or person causing harm

- Name, date of birth or estimated age, address and phone number
- Relationship to the child
- Current access to the child

Siblings

- Names, date of birth or estimated age and address

When reporting an incident, try and answer the questions below to the best of your knowledge:

WHO?

- ✓ Who are you worried has been harmed or is at risk of harm?
- ✓ Who was the person that caused harm or injury to the child(ren)?
- ✓ Who else can tell us about what happened?
- ✓ Who else is worried about the child(ren)?
- ✓ Who are the people connected to this Child(ren)/family?
- ✓ Who has protected the child(ren) in the past?
- ✓ Who all lives in the home with the child(ren)?

WHEN?

- ✓ When was the first incident?
- ✓ When was the most recent incident (date)?
- ✓ When was the most recent protective action taken, either by the family or a professional?
- ✓ When will the child(ren) have contact with the alleged perpetrator? When was law enforcement contacted, if an emergency existed?

WHERE?

- ✓ Where did the incident happen i.e. physical location?
- ✓ Where can the child(ren) currently be located (what time school gets out, after school plans, etc.)?
- ✓ Where can the child(ren) or alleged perpetrator go to remove the danger?

WHAT?

- ✓ What did the child(ren) say happened (provide details and exact statements)?
- ✓ What are the actions or inactions of the caregiver you are worried caused harm?
- ✓ What have you seen, observed, heard and learned that tells you the child has been impacted?
- ✓ What does the injury look like, if injury is present?
- ✓ What does the child(ren) say about returning home?
- ✓ What do you know about how the child(ren) are being protected from things you are worried about?
- ✓ What has been done by the family in the past to address the worries?
- ✓ What impact does the family's finances have on your worries?
- ✓ What do you think needs to happen next?
- ✓ What is your worst realistic fear about what might happen if child(ren) protection intervention does not occur?

Q. To whom should reports of suspected child abuse or neglect be made?

- A. Reports of suspected child abuse or neglect should be made to the Kansas Protection Report Center (KPRC) or if the child has serious injuries or is in immediate danger to the appropriate law enforcement agency.

Reports of abuse and neglect in a DCF institution (such as State hospitals) should be made to DCF or the Attorney General's office at 785-296-7968. Reports of DCF employees as alleged perpetrators should be made to local law enforcement agencies. Kansas law requires that these types of cases not be investigated by DCF. A reporter should call the statewide number 1-800-922-5330.

Q. Where do I report a suspected incident with a child that lives on a Native American reservation?

- A. The Kansas Protection Report Center (KPRC) accepts reports for all children. The Indian Child Welfare Act (ICWA) of 1978 was enacted to provide Federally recognized Native American Tribes more authority over children who are enrolled or eligible for enrollment, both on and off the reservation. A state court proceeding that may result in out-of-home placement of the Native American Child will result in notification of the federally recognized Native American Tribe and the Federally recognized tribe can intervene on behalf of the child(ren).

Q. Does DCF report investigations of licensed facilities to the Department of Health and Environment?

- A. Yes, investigations involving a facility subject to licensing or regulation are promptly reported to either the Kansas Department of Health and Environment or to DCF Foster Care and Residential Facility Licensing. Childcare facilities and maternity centers are licensed by the Kansas Department of Health and Environment. Family foster homes and residential facilities for children and youth are licensed by DCF Foster Care and Residential Facility Licensing.

FAQ: After Report Is Made

Q. Will the identity of the reporter be disclosed once a report is made?

- A. Kansas law provides the identity of the reporter may not be disclosed to the child's parents, persons having legal responsibility for the child or to such persons' legal representatives. The protection is not absolute, however. If a case is heard in court or if a DCF finding is appealed and heard in a DCF administrative hearing, there is a possibility the identity of a reporter will be discovered.

Families have the right to be informed about the concerns that were reported and DCF will review the contents of the report with them. Families can often use deductive reasoning to determine the source of a report based on the details it contains.

Q. What can a reporter know about a case once a report is made?

- A. Federal and State laws protect the confidentiality of children and families by prohibiting DCF from disclosing additional details. DCF is unable to release further information to you without a written release of information. DCF may inform the reporter the agency's decision to either accept the report for investigation or to not assign for further assessment.

Q. If an agency receives a court order to disclose confidential information about an individual under investigation, what procedure should be followed?

- A. Under Kansas law, a multidisciplinary team, DCF or law enforcement agency may request disclosure of documents, reports or information by applying to a court for an order to release information. If a subpoena or order is received for a person and/or his/her records, the person will be given an opportunity to notify the court of any objection. A judge will then make a final decision as to what information to disclose.

Q. How long does it take the Kansas Protection Report Center (KPRC) to review a report and reach an initial assessment decision?

- A. The maximum time allowed to make an Initial Assessment decision or request a Preliminary Inquiry is the end of the next half workday from the time the report is received. If the report needs additional information of abuse or neglect, the KPRC can request a Preliminary Inquiry to obtain the information and not exceed (3) working days from the date the report is received by the agency.

FAQ: Investigation Process

Q. What does Kansas law require to investigate child abuse and neglect?

- A. DCF and law enforcement agencies have the duty to receive and investigate reports of child abuse or neglect for the purpose of determining whether the report is valid and whether action is required to protect the child from further abuse or neglect. If DCF determines no action is necessary to protect the child but that a criminal prosecution should be considered, then DCF may make a report of the case to the appropriate law enforcement agency.

Q. How quickly are reports of suspected child abuse or neglect investigated?

- A. The Kansas Protection Report Center (KPRC) assigns response times based on several factors, including the child's age, the nature of the allegation, the alleged perpetrator's continued access to the child and other relevant considerations.

Same Day	72 hours	7 working days
If the KPRC specialist determines that a child is at imminent risk of serious harm, the report is assigned a same-day response, which may also require the involvement of law enforcement.	If there is no indication of imminent risk, but the concern involves possible abuse or neglect or non-abuse or neglect concerns of a child under the age of one, DCF is required to respond within 72 hours, excluding weekends and holidays.	If there is no indication of imminent risk or abuse or neglect, DCF is required to respond within 7 days, excluding weekends and holidays.

Q. What is DCF's response to child abuse and neglect following investigation?

- A. Services for prevention and treatment of child abuse may be provided by DCF and other community resources to children and families such as: intensive in-home services, family preservation services, Family First Prevention Services, in-home visits, parenting classes, foster care, referrals to mental health centers, drug and alcohol treatment and Batterer's Intervention Programs. It is always the goal of DCF to maintain children with their families when this can be done safely.

Q. Under what circumstances is a joint investigation of child abuse or neglect between child protection agencies and the appropriate law enforcement agencies required under Kansas law?

- A. A joint investigation by DCF and the appropriate law enforcement agency is required when a report of child abuse or neglect indicates the following:
- Serious physical injury or deterioration; or
 - Sexual abuse of the child; and
 - Reason to believe action may be required to protect the child.

During a joint investigation, there should also be a free exchange of information between the agencies. In the event a statement is obtained by either agency, a copy of the statement must be provided to the other agency upon request.

Q. Are school personnel required to provide DCF access to a child?

- A. Per Kansas Statute, school personnel, DCF and law enforcement agencies must cooperate with the investigation of reports of suspected child abuse or neglect. Furthermore, administrators of elementary and secondary schools must provide employees of DCF and law enforcement agencies access to a child in a non-threatening environment on school premises determined by school personnel for the purpose of investigating a report of suspected child abuse or neglect. School personnel should only be present during the investigation at the request of law enforcement or DCF.



FAQ: Child Protective Custody

Q. When may a law enforcement officer remove the child from a home?

- A. A law enforcement or court services officer is authorized to remove the child from the location where the child is found if the officer reasonably believes the child is in imminent danger. DCF may not remove the child from a location without a court order. However, DCF can contact law enforcement agencies if the child is in immediate physical danger.

Q. What happens when a child is under the protective custody of a law enforcement officer?

- A. When any law enforcement officer takes a child into custody without a court order, the child must be delivered to the custody of the parent or caregiver unless there is reason to believe it would not be in the best interest of the child.

If the child is not delivered to the custody of the parent or caregiver, the child must be delivered to a facility or person designated by DCF or to a court-designated shelter or person. A court hearing is required within 72 hours (not including weekends or holidays) to determine if the child can be returned home.

Q. Are Multidisciplinary Teams used in the investigation of and response to reports of child abuse?

A. Yes. Multidisciplinary Teams may be appointed by the court at the recommendation of DCF or the county or district attorney to assist DCF with the investigation of suspected child abuse and neglect. Teams may be comprised of a standing group of community experts from a variety of disciplines or may be specific to a case, bringing together professionals who have knowledge about the child and family. The team members review the selected case(s) brought to their attention, share knowledge they have about specific children and recommend a plan of action. To determine the existence of a Multidisciplinary Team in a particular area, contact the local DCF office.

Q. What is the role of the Child Advocacy Center?

A. A Children's Advocacy Center (CAC) is an agency where a team of professions, including DCF, law enforcement, prosecutors, therapists, medical providers and victim advocates come together to respond to cases of suspected or alleged child abuse, especially sexual and serious physical abuse. Children are referred to a CAC by DCF, law enforcement or other designated professionals after a report is made about suspected abuse. At the CAC, forensic interviews take place with children about their experience.

Interviews are completed by a trained interviewer and take place in a neutral, child-friendly setting. Victim Advocates at the CAC educate families about the dynamics of abuse, connect children with specialized mental health and medical care, either provided onsite or are referred to a facility in the community and identify other helpful community resources. The goal of a CAC is to maintain a professional response to child abuse that is child-centered and makes the process easier for abused children and their families.

CACs are required to follow State guidelines defined in K.S.A. 38-2227 and are modeled on a specific set of standards developed by the National Children's Alliance. Many CACs in Kansas are nationally accredited and others are working toward securing accreditation. To find out if a CAC is active in your area, go to www.kscac.org and link to "CACs in Kansas" for a current map of CAC service areas.

What Can I Do to Prevent Child Abuse?

It is important that mandated reporters and community members in the community know what their role is in preventing child abuse. The goal is to prevent abuse before it occurs. To do this, it is important that families receive the support and help they need.

Listed are some ways you can help support families:



SUPPORT: Get to know and support the children and families in your community.

With the support of engaged communities and nurturing families, all our children can thrive. Know the resources available in your community and how to connect families to them. Call the Parent Helpline at 1-800-CHILDREN.



ADVOCATE: Help change the way our state and nation think about prevention by focusing on community activities and public policies that prioritize prevention right from the start. Contact local, state and national lawmakers about the importance of prevention programs.



VOLUNTEER: Serve on a committee or board. We all play a role in raising children, whether we are neighbors, educators, caregivers or family members.



EDUCATE: Contact local school districts and faith communities about sponsoring classes for parents. Be a mentor to a new parent, share your skills with your neighbors. A healthy, nurturing environment for children is one of the best lifelong investments we can make.



REPORT: Recognize the signs and symptoms of child abuse. If you suspect child abuse and/or neglect, call the Kansas Protection and Report Center at 1-800-922-5330.

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