

Selected Oregon Revised Statutes

Relating to child abuse investigations and multidisciplinary teams (MDTs) 2017

ORS 418.747¹

County teams for investigation

- (1) The district attorney in each county shall be responsible for developing county multidisciplinary child abuse teams to consist of but not be limited to law enforcement personnel, Department of Human Services child protective service workers, school officials, county health department personnel, county mental health department personnel who have experience with children and family mental health issues, child abuse intervention center workers, if available, and juvenile department representatives, as well as others specially trained in child abuse, child sexual abuse and rape of children investigation.
- (2) The teams shall develop a written protocol for immediate investigation of and notification procedures for child abuse cases and for interviewing child abuse victims. Each team also shall develop written agreements signed by member agencies that are represented on the team that specify:
- (a) The role of each agency;
 - (b) Procedures to be followed to assess risks to the child;
 - (c) Guidelines for timely communication between member agencies;
 - (d) Guidelines for completion of responsibilities by member agencies;
 - (e) That upon clear disclosure that the alleged child abuse occurred in a child care facility as defined in ORS [329A.250 \(Definitions for ORS 329A.030 and 329A.250 to 329A.450\)](#), immediate notification of parents or guardians of children attending the child care facility is required regarding any abuse allegation and pending investigation; and
 - (f) Criteria and procedures to be followed when removal of the child is necessary for the child's safety.
- (3) Each team member and the personnel conducting child abuse investigations and interviews of child abuse victims shall be trained in risk assessment, dynamics of child abuse, child sexual abuse and rape of children and legally sound and age appropriate interview and investigatory techniques.
- (4) All investigations of child abuse and interviews of child abuse victims shall be carried out by appropriate personnel using the protocols and procedures called for in this section. If trained personnel are not available in a timely fashion and, in the judgment of a law enforcement officer or

child protective services worker, there is reasonable cause to believe a delay in investigation or interview of the child abuse victim could place the child in jeopardy of physical harm, the investigation may proceed without full participation of all personnel. This authority applies only for as long as reasonable danger to the child exists. A law enforcement officer or child protective services worker shall make a reasonable effort to find and provide a trained investigator or interviewer.

(5) To ensure the protection and safe placement of a child, the Department of Human Services may request that team members obtain criminal history information on any person who is part of the household where the department may place or has placed a child who is in the departments custody. All information obtained by the team members and the department in the exercise of their duties is confidential and may be disclosed only when necessary to ensure the safe placement of a child.

(6) Each team shall classify, assess and review cases under investigation.

(7)(a) Each team shall develop and implement procedures for evaluating and reporting compliance of member agencies with the protocols and procedures required under this section. Each team shall submit to the administrator of the Child Abuse Multidisciplinary Intervention Program copies of the protocols and procedures required under this section and the results of the evaluation as requested.

(b) The administrator may:

(A) Consider the evaluation results when making eligibility determinations under ORS [418.746 \(Child Abuse Multidisciplinary Intervention Account\)](#) (3);

(B) If requested by the Advisory Council on Child Abuse Assessment, ask a team to revise the protocols and procedures being used by the team based on the evaluation results; or

(C) Ask a team to evaluate the teams compliance with the protocols and procedures in a particular case.

(c) The information and records compiled under this subsection are exempt from ORS [192.410 \(Definitions for ORS 192.410 to 192.505\)](#) to [192.505 \(Exempt and nonexempt public record to be separated\)](#).

(8) Each team shall develop policies that provide for an independent review of investigation procedures of sensitive cases after completion of court actions on particular cases. The policies shall include independent citizen input. Parents of child abuse victims shall be notified of the review procedure.

(9) Each team shall designate at least one physician, physician assistant or nurse practitioner who has been trained to conduct child abuse medical assessments, as defined in ORS [418.782 \(Definitions for ORS 418.746 to 418.796\)](#), and who is, or who may designate another physician, physician assistant or nurse practitioner who is, regularly available to conduct the medical assessment described in ORS [419B.023 \(Duties of person conducting investigation under ORS 419B.020\)](#).

(10) If photographs are taken pursuant to ORS [419B.028 \(Photographing child during investigation\)](#), and if the team meets to discuss the case, the photographs shall be made available to each member of the team at the first meeting regarding the child's case following the taking of the photographs.

(11) No later than September 1, 2008, each team shall submit to the Department of Justice a written summary identifying the designated medical professional described in subsection (9) of this section. After that date, this information shall be included in each regular report to the Department of Justice.

(12) If, after reasonable effort, the team is not able to identify a designated medical professional described in subsection (9) of this section, the team shall develop a written plan outlining the necessary steps, recruitment and training needed to make such a medical professional available to the children of the county. The team shall also develop a written strategy to ensure that each child in the county who is a suspected victim of child abuse will receive a medical assessment in compliance with ORS [419B.023 \(Duties of person conducting investigation under ORS 419B.020\)](#). This strategy, and the estimated fiscal impact of any necessary recruitment and training, shall be submitted to the Department of Justice no later than September 1, 2008. This information shall be included in each regular report to the Department of Justice for each reporting period in which a team is not able to identify a designated medical professional described in subsection (9) of this section. [1989 c.998 §4; 1991 c.451 §1; 1993 c.622 §5; 1995 c.134 §1; 1997 c.703 §2; 2001 c.900 §121; 2003 c.354 §2; 2005 c.562 §6; 2007 c.674 §6]

ORS 418.751¹

Training and education for persons investigating child abuse

(1) The Department of Human Services, as provided in ORS [418.702 \(Training and continuing education for mandatory reporters\)](#), and the Department of Justice shall ensure that training and education are provided for persons, other than law enforcement officers, who are required to investigate allegations of child abuse.

(2) The Department of Human Services and the Department of Justice shall work with the Board on Public Safety Standards and Training to ensure that the training that is offered to persons under subsection (1) of this section and ORS [418.702 \(Training and continuing education for mandatory reporters\)](#) is coordinated with the training given to law enforcement officers. [1993 c.637 §§6,12; 2001 c.624 §5; 2005 c.562 §8; 2012 c.37 §57]

ORS 418.780¹

Purpose

(1) The Legislative Assembly recognizes that:

(a) Protection of the child is of primary importance.

(b) A serious need exists for a coordinated multidisciplinary approach to the prevention and investigation of child abuse, for intervention and for the treatment of children who are victims of child abuse in a manner that is sensitive to the needs of children. No child in this state should be denied access to a child abuse medical assessment because of an inability to pay. The cost of not assessing and treating abused children with the aid of specially trained personnel is too high.

(2) The purpose of ORS [418.746 \(Child Abuse Multidisciplinary Intervention Account\)](#) to [418.796 \(Authority of council to solicit and accept contributions\)](#) is to establish and maintain:

(a) Sufficient county multidisciplinary child abuse teams to conduct timely investigations of allegations of child abuse and provide comprehensive services to victims of child abuse through coordinated child abuse multidisciplinary intervention plans.

(b) Sufficient regional assessment centers and community assessment centers in Oregon to ensure that every child reasonably suspected to have been subjected to child abuse receives a skilled, complete and therapeutic child abuse medical assessment. [1991 c.898 §1; 1993 c.33 §331; 1997 c.872 §32; 2001 c.624 §6; 2005 c.562 §4]

ORS 418.782¹

Definitions for ORS 418.746 to 418.796

As used in ORS [418.746 \(Child Abuse Multidisciplinary Intervention Account\)](#) to [418.796 \(Authority of council to solicit and accept contributions\)](#):

(1) Child abuse means abuse as defined by ORS [419B.005 \(Definitions\)](#).

(2) Child abuse medical assessment means an assessment by or under the direction of a licensed physician or other licensed health care professional trained in the evaluation, diagnosis and treatment of child abuse. Child abuse medical assessment includes the taking of a thorough medical history, a complete physical examination and an interview for the purpose of making a medical diagnosis, determining whether or not the child has been abused and identifying the appropriate treatment or referral for follow-up for the child.

(3) Community assessment center means a neutral, child-sensitive community-based facility or service provider to which a child from the community may be referred to receive a thorough child abuse medical assessment for the purpose of determining whether the child has been abused or neglected.

(4) Regional assessment center means a facility operated by a community assessment center that provides child abuse medical assessments, assistance with difficult or complex child abuse medical assessments, education, training, consultation, technical assistance and referral services for community assessment centers or county multidisciplinary child abuse teams in a region or regions designated by the administrator of the Child Abuse Multidisciplinary Intervention Program. [1991 c.898 §2; 1993 c.546 §105; 1993 c.622 §8; 1997 c.872 §33; 1997 c.873 §32; 2005 c.562 §10]

ORS 418.783¹

Child Abuse Multidisciplinary Intervention Program

(1) The Child Abuse Multidisciplinary Intervention Program is established in the Department of Justice. The purpose of the program is to:

(a) Establish and maintain a coordinated multidisciplinary community-based system for responding to allegations of child abuse that is sensitive to the needs of children;

(b) Ensure the safety and health of children who are victims of child abuse to the greatest extent possible; and

(c) Administer the grant programs established under ORS [418.746 \(Child Abuse Multidisciplinary Intervention Account\)](#) and [418.786 \(Grant program\)](#).

(2) The Attorney General or the Attorney General's designee is the administrator of the Child Abuse Multidisciplinary Intervention Program and of the Child Abuse Multidisciplinary Intervention Account established in ORS [418.746 \(Child Abuse Multidisciplinary Intervention Account\)](#). [2005 c.562 §2]

ORS 418.785¹

Child Fatality Review Teams

(1) Each county multidisciplinary child abuse team shall establish a child fatality review team to conduct child fatality reviews. The purpose of the review process is to help prevent severe and fatal child abuse and neglect by:

(a) Identifying local and state issues related to preventable child fatalities; **and**

(b) Promoting implementation of recommendations at the county level.

(2) In establishing the review process and carrying out reviews, the child fatality review team shall be assisted by the county medical examiner or local health officer as well as other professionals who are specially trained in areas relevant to the purpose of the team.

(3) The categories of fatalities reviewed by the child fatality review team include:

(a) Child fatalities in which child abuse or neglect may have occurred at any time prior to death or may have been a factor in the fatality;

(b) Any category established by the county multidisciplinary child abuse team;

(c) All child fatalities where the child is less than 18 years of age and there is an autopsy performed by the medical examiner; **and**

(d) Any specific cases recommended for local review by the statewide interdisciplinary team established under ORS [418.748 \(Statewide team on child abuse and suicide\)](#).

(4) A child fatality review team shall develop a written protocol for review of child fatalities. The protocol shall be designed to facilitate communication and the exchange of information between persons who perform autopsies and those professionals and agencies concerned with the prevention, investigation and treatment of child abuse and neglect.

(5) Within the guidelines, and in a format, established by the statewide interdisciplinary team established under ORS [418.748 \(Statewide team on child abuse and suicide\)](#), the child fatality review team shall provide the statewide interdisciplinary team with information regarding the categories of child fatalities described under subsection (3) of this section.

(6) Upon the conclusion of a criminal case involving a child fatality, or upon the conclusion of a direct appeal if one is taken, the district attorney may submit a letter to the Governor and the Director of Human Services outlining recommendations for the systemic improvement of child abuse investigations.

ORS 418.794¹

Confidentiality of video recordings

Video recordings produced pursuant to ORS [418.746 \(Child Abuse Multidisciplinary Intervention Account\)](#) to [418.796 \(Authority of council to solicit and accept contributions\)](#) shall remain in the custody of the regional assessment center or the community assessment center and shall remain confidential and not subject to public disclosure except under a lawfully issued subpoena and protective order. [1991 c.898 §9; 1993 c.33 §336; 2005 c.562 §16]

Note: See note under [418.746 \(Child Abuse Multidisciplinary Intervention Account\)](#).

ORS 418.795¹

Confidentiality of information and records

(1) All information and records acquired by a county multidisciplinary child abuse team established under ORS [418.747 \(County teams for investigation\)](#) or a child fatality review team established under ORS [418.785 \(Child Fatality Review Teams\)](#) in the exercise of its duties are confidential and may be disclosed only when necessary to carry out the purposes of the child abuse investigation or the child fatality review process.

(2) A member agency of a county multidisciplinary child abuse team or a member of the team may use or disclose protected health information without obtaining an authorization from an individual or a personal representative of the individual if use or disclosure is necessary for public health purposes, including the prevention, investigation and treatment of child abuse.

(3) A child fatality review team shall have access to and subpoena power to obtain all medical records, hospital records and records maintained by any state, county or local agency, including, but not limited to, police investigative data, coroner or medical examiner investigative data and social services records, as necessary to complete a child abuse investigation or a review of a specific fatality under ORS [418.785 \(Child Fatality Review Teams\)](#).

(4) As used in this section, personal representative and protected health information have the meanings given those terms in ORS [192.556 \(Definitions for ORS 192.553 to 192.581\)](#). [2005 c.562 §19]

Note: See note under [418.746 \(Child Abuse Multidisciplinary Intervention Account\)](#).

ORS 418.800¹

Review of certain cases by county multidisciplinary child abuse team

- (1) If, in a case of alleged child sexual abuse as described in ORS [419B.005 \(Definitions\)](#) (1)(a)(C), (D) or (E) by a parent, guardian or caregiver living in the child's home, the Department of Human Services asks the parent, guardian or caregiver to move from the family home during the investigation and the parent, guardian or caregiver consents to leave the family home, the department shall notify the district attorney responsible for the county multidisciplinary child abuse team for the county in which the child resides about the case. The notification shall be in writing and be given no later than three business days after the departure of the parent, guardian or caregiver from the family home.
- (2) A parent, guardian or caregiver who consents to leave the family home as described in subsection (1) of this section or the spouse of the parent, guardian or caregiver may ask the district attorney responsible for the team for a review of the case by the team.
- (3) No later than 90 days after receiving a request under subsection (2) of this section, the team shall:
- (a) Review the case and consider at least the following:
 - (A) Whether the investigation should continue;
 - (B) The welfare of the child and the adults living in the family home; and
 - (C) The proposed timeline for completing the investigation; and
 - (b) Provide to the person who requested the review a summary of the proposed timeline for completing the investigation.
- (4)(a) This section may not be construed to create a new private right of action against a district attorney or any member of a county multidisciplinary child abuse team.
- (b) A district attorney and members of a county multidisciplinary child abuse team reviewing a case under subsection (2) of this section are immune from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to reviewing a case, failing to review a case referred to the team under subsection (2) of this section or providing to the person who requested the review a summary of the proposed timeline for completing the investigation.
 - (c) The act of reviewing a case or failing to review a case referred to the team under subsection (2) of this section or providing or failing to provide a summary to the person who requested the review may not be used by a defendant in any subsequent criminal prosecution or juvenile proceeding. [2005 c.499 §2]

Note: [418.800 \(Review of certain cases by county multidisciplinary child abuse team\)](#) was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 418 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

ORS 419B.050¹

Authority of health care provider to disclose information

(1) Upon notice by a law enforcement agency, the Department of Human Services, a member agency of a county multidisciplinary child abuse team or a member of a county multidisciplinary child abuse team that a child abuse investigation is being conducted under ORS [419B.020 \(Duty of department or law enforcement agency receiving report\)](#), a health care provider must permit the law enforcement agency, the department, the member agency of the county multidisciplinary child abuse team or the member of the county multidisciplinary child abuse team to inspect and copy medical records, including, but not limited to, prenatal and birth records, of the child involved in the investigation without the consent of the child, or the parent or guardian of the child. A health care provider who in good faith disclosed medical records under this section is not civilly or criminally liable for the disclosure.

(2) As used in this section, "health care provider" has the meaning given that term in ORS [192.556 \(Definitions for ORS 192.553 to 192.581\)](#). [1997 c.873 §27; 1999 c.537 §3; 2001 c.104 §150; 2005 c.562 §27]

ORS 419B.023¹ (Karly's Law)

Duties of person conducting investigation under ORS 419B.020

(1) As used in this section:

(a) "Designated medical professional" means the person described in ORS [418.747 \(County teams for investigation\)](#) (9) or the person's designee.

(b) "Suspicious physical injury" includes, but is not limited to:

(A) Burns or scalds;

(B) Extensive bruising or abrasions on any part of the body;

(C) Bruising, swelling or abrasions on the head, neck or face;

(D) Fractures of any bone in a child under the age of three;

(E) Multiple fractures in a child of any age;

(F) Dislocations, soft tissue swelling or moderate to severe cuts;

(G) Loss of the ability to walk or move normally according to the child’s developmental ability;

(H) Unconsciousness or difficulty maintaining consciousness;

(I) Multiple injuries of different types;

(J) Injuries causing serious or protracted disfigurement or loss or impairment of the function of any bodily organ; **or**

(K) Any other injury that threatens the physical well-being of the child.

(2) If a person conducting an investigation under ORS [419B.020 \(Duty of department or law enforcement agency receiving report\)](#) observes a child who has suffered suspicious physical injury and the person is certain or has a reasonable suspicion that the injury is or may be the result of abuse, the person shall, in accordance with the protocols and procedures of the county multidisciplinary child abuse team described in ORS [418.747 \(County teams for investigation\)](#):

(a) Immediately photograph or cause to have photographed the suspicious physical injuries in accordance with ORS [419B.028 \(Photographing child during investigation\)](#); **and**

(b) Ensure that a designated medical professional conducts a medical assessment within 48 hours, or sooner if dictated by the child’s medical needs.

(3) The requirement of subsection (2) of this section shall apply:

(a) Each time suspicious physical injury is observed by Department of Human Services or law enforcement personnel:

(A) During the investigation of a new allegation of abuse; **or**

(B) If the injury was not previously observed by a person conducting an investigation under ORS [419B.020 \(Duty of department or law enforcement agency receiving report\)](#); **and**

(b) Regardless of whether the child has previously been photographed or assessed during an investigation of an allegation of abuse.

(4)(a) Department or law enforcement personnel shall make a reasonable effort to locate a designated medical professional. If after reasonable efforts a designated medical professional is not available to conduct a medical assessment within 48 hours, the child shall be evaluated by an available physician, a physician assistant licensed under ORS [677.505 \(Application of provisions governing physician assistants to other health professions\)](#) to [677.525 \(Fees\)](#) or a nurse practitioner licensed under ORS [678.375 \(Nurse practitioners\)](#) to [678.390 \(Authority of nurse practitioner and clinical nurse specialist to write prescriptions or dispense drugs\)](#).

(b) If the child is evaluated by a health care provider as defined in ORS [127.505 \(Definitions for ORS 127.505 to 127.660\)](#) other than a designated medical professional, the health care provider shall make photographs, clinical notes, diagnostic and testing results and any other relevant materials

available to the designated medical professional for consultation within 72 hours following evaluation of the child.

(c) The person conducting the medical assessment may consult with and obtain records from the child's health care provider under ORS [419B.050 \(Authority of health care provider to disclose information\)](#).

(5) Nothing in this section prevents a person conducting a child abuse investigation from seeking immediate medical treatment from a hospital emergency room or other medical provider for a child who is physically injured or otherwise in need of immediate medical care.

(6) If the child described in subsection (2) of this section is less than five years of age, the designated medical professional may, within 14 days, refer the child for a screening for early intervention services or early childhood special education, as those terms are defined in ORS [343.035 \(Definitions for chapter\)](#). The referral may not indicate the child is subject to a child abuse investigation unless written consent is obtained from the child's parent authorizing such disclosure. If the child is already receiving those services, or is enrolled in the Head Start program, a person involved in the delivery of those services to the child shall be invited to participate in the county multidisciplinary child abuse team's review of the case and shall be provided with paid time to do so by the person's employer.

(7) Nothing in this section limits the rights provided to minors in ORS chapter 109 or the ability of a minor to refuse to consent to the medical assessment described in this section. [2007 c.674 §3; 2009 c.296 §1; 2014 c.45 §42]

Note: [419B.023 \(Duties of person conducting investigation under ORS 419B.020\)](#) was added to and made a part of [419B.005 \(Definitions\)](#) to [419B.050 \(Authority of health care provider to disclose information\)](#) by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

Reporting of Child Abuse

419B.005 Definitions. As used in ORS 419B.005 to 419B.050, unless the context requires otherwise:

(1)(a) "Abuse" means:

(A) Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury.

(B) Any mental injury to a child, which shall include only observable and substantial impairment of the child's mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.

(C) Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration and incest, as those acts are described in ORS chapter 163.

(D) Sexual abuse, as described in ORS chapter 163.

(E) Sexual exploitation, including but not limited to:

(i) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and

(ii) Allowing, permitting, encouraging or hiring a child to engage in prostitution as described in ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as described in ORS 163.413 or to engage in commercial sexual solicitation as described in ORS 167.008.

(F) Negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child.

(G) Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

(H) Buying or selling a person under 18 years of age as described in ORS 163.537.

(I) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured.

(J) Unlawful exposure to a controlled substance, as defined in ORS 475.005, that subjects a child to a substantial risk of harm to the child's health or safety.

(b) "Abuse" does not include reasonable discipline unless the discipline results in one of the conditions described in paragraph (a) of this subsection.

(2) "Child" means an unmarried person who is under 18 years of age.

(3) "Higher education institution" means:

(a) A community college as defined in ORS 341.005;

(b) A public university listed in ORS 352.002;

(c) The Oregon Health and Science University; and

(d) A private institution of higher education located in Oregon.

(4) "Law enforcement agency" means:

(a) A city or municipal police department.

(b) A county sheriff's office.

(c) The Oregon State Police.

(d) A police department established by a university under ORS 352.121 or 353.125.

(e) A county juvenile department.

(5) "Public or private official" means:

(a) Physician or physician assistant licensed under ORS chapter 677 or naturopathic physician, including any intern or resident.

(b) Dentist.

(c) School employee, including an employee of a higher education institution.

(d) Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide or employee of an in-home health service.

(e) Employee of the Department of Human Services, Oregon Health Authority, Early Learning Division, Youth Development Division, Office of Child Care, the Oregon Youth Authority, a local health department, a community mental health program, a community developmental disabilities program,

a county juvenile department, a licensed child-caring agency or an alcohol and drug treatment program.

(f) Peace officer.

(g) Psychologist.

(h) Member of the clergy.

(i) Regulated social worker.

(j) Optometrist.

(k) Chiropractor.

(L) Certified provider of foster care, or an employee thereof.

(m) Attorney.

(n) Licensed professional counselor.

(o) Licensed marriage and family therapist.

(p) Firefighter or emergency medical services provider.

(q) A court appointed special advocate, as defined in ORS 419A.004.

(r) A child care provider registered or certified under ORS 329A.030 and 329A.250 to 329A.450.

(s) Member of the Legislative Assembly.

(t) Physical, speech or occupational therapist.

(u) Audiologist.

(v) Speech-language pathologist.

(w) Employee of the Teacher Standards and Practices Commission directly involved in investigations or discipline by the commission.

(x) Pharmacist.

(y) An operator of a preschool recorded program under ORS 329A.255.

(z) An operator of a school-age recorded program under ORS 329A.257.

(aa) Employee of a private agency or organization facilitating the provision of respite services, as defined in ORS 418.205, for parents pursuant to a properly executed power of attorney under ORS 109.056.

(bb) Employee of a public or private organization providing child-related services or activities:

(A) Including but not limited to youth groups or centers, scout groups or camps, summer or day camps, survival camps or groups, centers or camps that are operated under the guidance, supervision or auspices of religious, public or private educational systems or community service organizations; and

(B) Excluding community-based, nonprofit organizations whose primary purpose is to provide confidential, direct services to victims of domestic violence, sexual assault, stalking or human trafficking.

(cc) A coach, assistant coach or trainer of an amateur, semiprofessional or professional athlete, if compensated and if the athlete is a child.

(dd) Personal support worker, as defined by rule adopted by the Home Care Commission.

(ee) Home care worker, as defined in ORS 410.600. [1993 c.546 §12; 1993 c.622 §1a; 1995 c.278 §50; 1995 c.766 §1; 1997 c.127 §1; 1997 c.561 §3; 1997 c.703 §3; 1997 c.873 §30; 1999 c.743 §22; 1999 c.954 §4; 2001 c.104 §148; 2003 c.191 §1; 2005 c.562 §26; 2005 c.708 §4; 2009 c.199 §1; 2009 c.442 §36; 2009 c.518 §1; 2009 c.570 §6; 2009 c.595 §364; 2009 c.633 §10; 2009 c.708 §3; 2010 c.60 §§4,5; 2011 c.151 §12; 2011 c.506 §38; 2011 c.703 §34; 2012 c.37 §60; 2012 c.92 §1; 2013 c.129 §26;

2013 c.180 §40; 2013 c.623 §17; 2013 c.624 §82; 2013 c.720 §11; 2015 c.98 §7; 2015 c.179 §1; 2015 c.736 §65]

419B.007 Policy. The Legislative Assembly finds that for the purpose of facilitating the use of protective social services to prevent further abuse, safeguard and enhance the welfare of abused children, and preserve family life when consistent with the protection of the child by stabilizing the family and improving parental capacity, it is necessary and in the public interest to require mandatory reports and investigations of abuse of children and to encourage voluntary reports. [1993 c.546 §13]

419B.010 Duty of officials to report child abuse; exceptions; penalty. (1) Any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered abuse or that any person with whom the official comes in contact has abused a child shall immediately report or cause a report to be made in the manner required in ORS 419B.015. Nothing contained in ORS 40.225 to 40.295 or 419B.234 (6) affects the duty to report imposed by this section, except that a psychiatrist, psychologist, member of the clergy, attorney or guardian ad litem appointed under ORS 419B.231 is not required to report such information communicated by a person if the communication is privileged under ORS 40.225 to 40.295 or 419B.234 (6). An attorney is not required to make a report under this section by reason of information communicated to the attorney in the course of representing a client if disclosure of the information would be detrimental to the client.

(2) Notwithstanding subsection (1) of this section, a report need not be made under this section if the public or private official acquires information relating to abuse by reason of a report made under this section, or by reason of a proceeding arising out of a report made under this section, and the public or private official reasonably believes that the information is already known by a law enforcement agency or the Department of Human Services.

(3) The duty to report under this section is personal to the public or private official alone, regardless of whether the official is employed by, a volunteer of or a representative or agent for any type of entity or organization that employs persons or uses persons as volunteers who are public or private officials in its operations.

(4) The duty to report under this section exists regardless of whether the entity or organization that employs the public or private official or uses the official as a volunteer has its own procedures or policies for reporting abuse internally within the entity or organization.

(5) A person who violates subsection (1) of this section commits a Class A violation. Prosecution under this subsection shall be commenced at any time within 18 months after commission of the offense. [1993 c.546 §14; 1999 c.1051 §180; 2001 c.104 §149; 2001 c.904 §15; 2005 c.450 §7; 2012 c.92 §11]

419B.015 Report form and content; notice. (1)(a) A person making a report of child abuse, whether the report is made voluntarily or is required by ORS 419B.010, shall make an oral report by telephone or otherwise to the local office of the Department of Human Services, to the designee of the department or to a law enforcement agency within the county where the person making the report is located at the time of the contact. The report shall contain, if known, the names and addresses of the child and the parents of the child or other persons responsible for care of the child, the child's age, the nature and extent of the abuse, including any evidence of previous abuse, the

explanation given for the abuse and any other information that the person making the report believes might be helpful in establishing the cause of the abuse and the identity of the perpetrator.

(b) When a report of child abuse is received by the department, the department shall notify a law enforcement agency within the county where the report was made. When a report of child abuse is received by a designee of the department, the designee shall notify, according to the contract, either the department or a law enforcement agency within the county where the report was made. When a report of child abuse is received by a law enforcement agency, the agency shall notify the local office of the department within the county where the report was made.

(2) When a report of child abuse is received under subsection (1)(a) of this section, the entity receiving the report shall make the notification required by subsection (1)(b) of this section according to rules adopted by the department under ORS 419B.017.

(3)(a) When a report alleging that a child or ward in substitute care may have been subjected to abuse is received by the department, the department shall notify the attorney for the child or ward, the child's or ward's court appointed special advocate, the parents of the child or ward and any attorney representing a parent of the child or ward that a report has been received.

(b) The name and address of and other identifying information about the person who made the report may not be disclosed under this subsection. Any person or entity to whom notification is made under this subsection may not release any information not authorized by this subsection.

(c) The department shall make the notification required by this subsection within three business days of receiving the report of abuse.

(d) Notwithstanding the obligation imposed by this subsection, the department is not required under this subsection to notify the parent or parent's attorney that a report of abuse has been received if the notification may interfere with an investigation or assessment or jeopardize the child's or ward's safety. [1993 c.546 §15; 1993 c.734 §1a; 2005 c.250 §1; 2007 c.237 §1]

419B.016 Offense of false report of child abuse. (1) A person commits the offense of making a false report of child abuse if, with the intent to influence a custody, parenting time, visitation or child support decision, the person:

(a) Makes a false report of child abuse to the Department of Human Services or a law enforcement agency, knowing that the report is false; or

(b) With the intent that a public or private official make a report of child abuse to the Department of Human Services or a law enforcement agency, makes a false report of child abuse to the public or private official, knowing that the report is false.

(2) Making a false report of child abuse is a Class A violation. [2011 c.606 §2]

Note: 419B.016 was added to and made a part of 419B.005 to 419B.050 by legislative action but was not added to any smaller series therein. See Preface to Oregon Revised Statutes for further explanation.

418.702¹

Training and continuing education for mandatory reporters

- **notice to persons required to report child abuse**

(1) The Department of Human Services shall implement a training and continuing education curriculum for persons other than law enforcement officers required by law to investigate allegations of child abuse. The curriculum shall address the areas of training and education necessary to facilitate the skills necessary to investigate reports of child abuse and shall include but not be limited to:

(a) Assessment of risk to the child;

(b) Dynamics of child abuse, child sexual abuse and rape of children; and

(c) Legally sound and age appropriate interview and investigatory techniques.

(2) The Oregon State Bar and each board that licenses, certifies or registers public and private officials required to report child abuse under ORS [419B.010 \(Duty of officials to report child abuse\)](#) shall identify those persons regulated by the board who in their official capacity have regular and on-going contact with children and shall notify those persons every two years of their duty to report child abuse. Such notice shall contain what the person is required to report and where such report shall be made and also advise of the symptoms to look for and provide a contact number for further information.

(3) The department shall develop content of the notice for such a mailing. The cost of distribution shall be paid by the board.

(4) The department shall develop and make available, at cost, training materials that may be used at training conferences and other similar events involving such public and private officials, as defined in ORS [419B.005 \(Definitions\)](#). [Formerly [418.749](#)]

Note: [418.702 \(Training and continuing education for mandatory reporters\)](#) was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 418 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.