

Montana Mandatory Reporting Requirements Regarding Children	
<i>Who Must Report?</i>	<p>Any of the following persons when acting as a result of information they receive in their professional or official capacity:</p> <ul style="list-style-type: none"> • A physician, resident, intern, or member of a hospital’s staff engaged in the admission, examination, care, or treatment of persons; • A nurse, osteopath, chiropractor, podiatrist, medical examiner, coroner, dentist, optometrist, or any other health or mental health professional; • Religious healers; • School teachers, other school officials, and employees who work during regular school hours; • A social worker, operator or employee of any registered or licensed day-care or substitute care facility, staff of a resource and referral grant program organized under Montana state law or of a child and adult food care program, or an operator or employee of a child-care facility; • A foster care, residential, or institutional worker; • A peace officer or other law enforcement official; • A member of the clergy; • A guardian ad litem or a court-appointed advocate who is authorized to investigate a report of alleged abuse or neglect; and • An employee of an entity that contracts with the department of public health and human services to provide direct services to children.
<i>Standard of Knowledge</i>	<p>Knowledge or reasonable cause to suspect that a child is being abused or neglected.</p> <p>Cause for suspicion should be based upon “a perceived present real harm or a perceived present imminent risk of harm. This perception need not always be based entirely upon current, culpable acts of those responsible for the child.” The suspicion could be based on past acts, present acts, or both. <i>Gross v. Myers</i>, 748 P.2d 459, 462 (Mont. 1987).</p>
<i>Definition of Applicable Victim</i>	A child is any person under 18 years of age.
<i>Reports Made To</i>	Child Abuse Hotline (1-866-820-5437) through the Department of Public Health and Human Services.

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<i>Contents of Report</i>	<ul style="list-style-type: none"> • The names and addresses of the child and the child’s parents or other persons responsible for the child’s care; • To the extent known, the child’s age and the nature and extent of the child’s injuries, including any evidence of previous injuries; • Any other information that the reporter believes might be helpful in establishing the cause of the injuries or showing the willful neglect and the identity of person or persons responsible for the injury or neglect; and • The facts that led the reporter to believe that the child has suffered injury or willful neglect.
<i>Timing/Other Procedures</i>	<p>Reports to be made promptly.</p> <p>No written report required.</p>
<i>Other</i>	<p><u>Failure to Report</u> Failure to report (or preventing another person from reporting) can result in civil liability for damages proximately caused by the failure to report; a person who purposefully or knowingly fails to report or prevents another from doing so is guilty of a misdemeanor.</p> <p><u>Dangerous Drugs</u> Professionals in categories 1 and 2 above must report infants known to be affected by dangerous drugs (including, for example, opiates and hallucinogens).</p> <p><u>Members of the Clergy</u></p> <ul style="list-style-type: none"> • Members of the clergy or priests are not required to report if: (1) the knowledge or suspicion came from a statement or confession made to him or her in his or her capacity as a clergy member or priest; (2) the statement was intended to be part of a confidential communication; and (3) the person who made the statement or confession does not consent to the disclosure. • In addition, a member of the clergy or a priest is not required to make a report if the communication is required to be confidential by canon law, church doctrine, or established church practice.

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<i>Source/Applicable Statute(s)</i>	MT ST §§ 41-3-201, 41-3-207 (2009). MT ST § 41-3-102, <i>updated by</i> Ch. 179 (2009).
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