

Child Abuse/Neglect Reporting Process

OAR 581-022-2205

STEP ONE:

A student discloses information to a staff member, who as a mandatory reporter. The staff member must report it to the Department of Human Services (DHS) immediately. When the student is disclosing the information, take notes so the applicable information can be completed on the Reynolds DHS Reporting Form later.

STEP TWO:

The staff member calls DHS at 1-855-503-7233 immediately after speaking with the student. For more details on reporting, please see this helpful Child Abuse Reporting Guide. If the child is in danger, call 911 immediately.

STEP THREE:

The staff member then completes all relevant sections of the Reynolds DHS Reporting Form. The form is available as a fillable pdf <u>here</u> and to <u>print here</u>.

STEP FOUR:

After the call is made and the Reynolds DHS Reporting Form is complete, the staff member e-mails the form to: dhsreports@rsd7.net and the school principal.

STEP FIVE:

A copy of the report is kept at the school in a secure area. A copy of the report is kept at the District Office in a secure area. Do not file the DHS Reporting Form in the student's cumulative file.

DHS Reporting Form for Child Abuse/Neglect



The writer of this report must immediately report the incident to the Department of Human Services at 1-855-503-7233

| Alleged Victim | | | | | | |
|--|------------|----------------------------------|---------------------------|----------------|--------|--|
| Name: | Age: | DOB: | Grade | e: Scho | ool: | |
| Interpreter Needed: Yes | l If ye | s, Language I | Needed: | | | |
| Special Education: Yes | If ye | If yes, Any Helpful Information: | | | | |
| Information Gathered Date: | | | Time: | | | |
| Reported to DHS Date: | | | | | | |
| Name of DHS Contact: | | | DHS Action: | | | |
| Are parents/guardians aware a referral | | | | | | |
| Parent/Guardian Information | | | | | | |
| Name: | Address | : | | Ph | one #: | |
| | | | | | | |
| | | | | | | |
| Other Children in the Home | l . | | | | | |
| Name: | Age: | DOB: | Grad | le: Sch | nool: | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Othors in Homo | I | _1 | I | I | | |
| Others in Home Name: Relationship: | | | | Ag | e | |
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| Report: | l | | | I | | |
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| | | | | | | |
| Reporter's Name | | | Reporter's Job Title | | | |
| -p - 20- 0 - 10-110 | | • | | - - | | |
| Reporter's Signature | | | Administrator's Signature | | | |

Original: Confidential File Copy I: District Office (email to dhsreports@rsd7.net) Copy 2: Principal