Comanche Public School District Protocol for Reporting Child Abuse or Neglect

Oklahoma State law (10A O.S. 1-2-101) requires every person, private citizen or professional, who has reason to believe that a child under the age of 18 is a victim of abuse or neglect, to immediately report the matter to the Department of Human Services, at the statewide hotline (1-800-522-3511). As employees of Comanche Public Schools all staff must follow the reporting procedures outlined below.

Once a student has either disclosed to you or you have concerns of neglect, then document the date and time, what the student disclosed and any other information you might know.

Steps for Reporting:

- 1. Print off the student's demographic information to have in front of you as you will need this to retain for your records and to record the DHS/CW intaker worker's name and CW referral number. (This can be attached to the OSDE form to save time.)
- 2. Call 1-800-522-3511 and follow the prompts.
- 3. Answer all their questions, and if you do not know an answer, just tell them you do not know.
- 4. You do not tell the student or family members you made the call.
- 5. Attach the demographic form to a signed and dated <u>Child Abuse</u> Reporting Form (OSDE form) and turn into your building principal.

Things to Know:

- You can call in anonymously, however, you still have to complete the form and turn in to the office. If you remain anonymous, you will not be able to call back for follow ups as they will not give you a referral number.
- Make follow up calls if the conditions continue.
- We do not interview on a forensic level, just gather enough information to determine whether a call to the police or sheriff's office should be made first. Contact your administrator for help on determining if you believe a child is in danger of returning home.



Child Abuse Reporting Form

Hotline number: 800-522-3511 Agency Contacted: DHS □ Law Enforcement (LE) □

| Date of Contact with Agency/LE: | Time of Contact with DHS: | |
|---|----------------------------|---------------------------------------|
| Agency/LE Confirmation Number: | Contact Person: | |
| Name of Child: | Age of Child: | ID # |
| School: | Grade: | |
| Names, Ages, ID #s of Additional Children: | nt | |
| Address of Child/ren: | | |
| Describe the injuries and/or incident as reported: | | |
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| Submit form(s) to the principal and/or other designate Submit one form for each agency contacted. | ted administrator within 2 | 4 hours of hotline reporting. |
| Signature of Principal/Director | Date Received | |
| Principal and/or other Designated Administrator | Date Received | |