

**REPORTING CHILD ABUSE – PROCEDURE/FORM**

**Once school employee is made aware of incident:**

1. Immediately notify Principal and other administrative team members as needed. (Nurse, Guidance, Social Services, SPED, Case Manager)
2. Reporter completes DCYF Preparation Checklist below to aid in telephone reporting process.
3. Call **DCYF 1 800-894-5533**. Reporter may remain anonymous.

**DCYF Report Checklist**

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Cell: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_

<u>Siblings:</u>	<u>Name</u>	<u>Age</u>	<u>School</u>
_____			
_____			
_____			

Reason for Report: \_\_\_\_\_  
\_\_\_\_\_

**Details of incident:**

Is this the first incident? Yes \_\_\_ No \_\_\_  
Is the child in imminent danger? Yes \_\_\_ No \_\_\_  
Were drugs/alcohol involved? Yes \_\_\_ No \_\_\_ If so, how?

Ask for DCYF Worker name/number: \_\_\_\_\_

DCYF course of action to be taken: \_\_\_\_\_

Your Name: \_\_\_\_\_

**Adopted:** DATE: January 11, 2011  
**Reviewed:** October 2010 and January 11, 2011  
**Revised:**  
**Cancellation:** Replaces JFL-R