

Suspected Child Abuse/Neglect Reporting Procedure

Policy: In order to protect children, PCDC staff as mandated reporters in the Commonwealth of Virginia, will report any incident of suspected child abuse or neglect, whether physical, emotional or psychological.

Performance Standard 1302.47 Safety Practices

Procedure:

- By Virginia law, all staff members are considered mandated reporters of child abuse and neglect. This includes being observant during in-person *and* virtual classrooms.
- All staff must participate in child abuse and neglect training annually.
- All staff must be familiar with the Child Abuse and Neglect booklet in each Center.
- In the event a situation, statement, etc. meets the criteria for suspected child abuse as outlined in the training modules, the staff member must document and date any suspected abuse and/or neglect on the Suspected Child Abuse/Neglect Incident Report.
- The staff member must contact their direct supervisor and file an abuse/neglect report with Department of Social Services within 24 hours. In the event the staff member is unable to reach their immediate supervisor, the next manager indicated on the chain of command must be contacted. In the event that no manager can be reached, the staff member continues to file the report with the Department of Social Services and follows up with his/her immediate supervisor as soon as possible.
- In the case of emergency child abuse/neglect situations, the staff member should call the Department of Social Services immediately and notify the supervisor as soon as possible after the incident has been reported.
- Local departments of social services to be contacted include:
 - Charles City: 804.652.1708
 - Gloucester: 804.693.2671
 - King & Queen: 804.769.5003
 - King William: 804.769.4905
 - Mathews: 804.725.7192
 - Middlesex: 804.758.2348
 - New Kent: 804.966.1853
- The Suspected Abuse/Neglect Incident Report must be submitted to the supervisor within 48 hours.

Referenced Forms:

Suspected Abuse Documentation Form

Chain of Command for Reporting a Health or Safety Incident

Policy: All staff will report a significant incident that might affect the health or safety of an Agency program participant, including but not limited to suspected child abuse/neglect, to their immediate supervisor by close of the business day the event occurs, and to Virginia Department of Social Services (DSS), Child Protective Services (CPS).

Procedure: The staff observing the incident will report the incident to their immediate supervisor and DSS. The supervisor will report to the Executive Director by close of business on the day the incident is observed. In the event that neither their immediate supervisor nor the Executive Director can be contacted, staff will continue to report to DSS and follow the Chain of Command order until contact is completed. When attempting contact with personnel in the Chain of Command, staff will call the office number during business hours and the management person's cell phone if the event is being reported after hours.

Management staff will carry their cell phones and ensure they are charged.

After reporting to Agency management and Virginia DSS, the staff person will have fulfilled her/his obligation.

Chain of Command:

Title	Name	Office Phone	Cell Phone
1. Executive Director		(804) 843-2289 x2105	(804)994-7916
2. Assistant Executive Dir.	Nicole Agee	(804) 843-4869 x2203	
3. Education Manager	Nina Carr	(804) 843-2289 x2122	
4. Human Resources Manager	Jessica Poe	(804) 843-2289 x2101	
5. Family Services Manager	Kristie Taylor	(804) 843-2289 x2104	(804)363-2621

DSS/Virginia Child Protective Services Contact Numbers:

County	Telephone*
Charles City	(804) 652-1708
Gloucester	(804) 693-2671
King and Queen	(804) 769-5003
King William	(804) 769-4905
Mathews	(804) 725-7192
Middlesex	(804) 758-2348
New Kent	(804) 966-1853

*County CPS operations have a 24-hour Hotline. If no one answers and staff must leave a message, note the date, time and number called and report it to management.



Suspected Child Abuse/Neglect Incident Report

Instructions: Complete this form immediately upon knowledge or suspicion of child abuse or neglect. Notify your supervisor immediately upon suspected child abuse/neglect. A copy of this form is to be submitted to your supervisor within 48 hours of reporting suspected child abuse or neglect.

Reporter (Name of Person Completing Form)

Name: _____ Title: _____ Location: _____
Phone: _____ Date and Time of Report: _____

Child's Information

Name: _____ DOB: _____ Gender: _____
Address: _____ City: _____ Zip: _____
Parent's Name: _____
Address: _____ City: _____ Zip: _____
Phone 1: _____ Phone 2: _____
Does the child have any siblings? If yes, ages of siblings? _____

Incident

Date and Time of Incident: _____
Location of Incident: _____

Alleged Maltreatment (check all that apply)

Neglect	Physical	Sexual	Emotional
<input type="checkbox"/> Lack of medical care	<input type="checkbox"/> Cuts, bruises, welts	<input type="checkbox"/> Sexualized behavior	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Lack of supervision	<input type="checkbox"/> Burns	<input type="checkbox"/> Age inappropriate sexualized behavior	<input type="checkbox"/> Threats
<input type="checkbox"/> Lack of basic needs (shelter, food, clothing)	<input type="checkbox"/> Unexplained injuries	<input type="checkbox"/> Sexual disclosure	<input type="checkbox"/> Verbal abuse
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Broken bones	<input type="checkbox"/> Exposed to pornography	
<input type="checkbox"/> Injurious environment	<input type="checkbox"/> Cruel punishment		
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other



Suspected Child Abuse/Neglect Incident Report

Incident (continued)

If "Other", describe:

Describe the child's account of the incident (*who, what, where, why, how?*):

CPS Notification

Date the incident was reported: _____ Time the incident was reported: _____

CPS Counselor's Name/ID#: _____

PCDC Administration

Did you notify PCDC Administration? Yes No

If yes, date and time of report: _____

Who did you notify? _____

What are your next steps? _____

Staff Signature

Date

Monitoring

Executive Director

Date