



## Dynamic Therapeutic Services

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### **Policy on Reporting Suspected Child abuse and Maltreatment (updated on 3/7/06)**

Requirements to report suspected Abuse and Maltreatment of children in the Early Intervention Program.

#### **ALL STEPS MUST BE COMPLETED**

**Step 1** According to the Child Protective Services Act of 1973 any suspected child abuse or maltreatment **MUST** be immediately reported by calling the toll free telephone number 1-800-342-3720 (Hotline) 24 hours per day, 7 days a week by persons who are required by law or mandated. (See Attachment A from Office of Children & Family Services)

**Step 2** The Director of Staff Development and the President of Dynamic Therapeutic Services and/or the Assistant Director of Dynamic Therapeutic Services, must be notified of suspected abuse and maltreatment. (Appropriate Supervisor)

**Step 3** A signed written report (See Attachment B from the Office of Children and Family Services) must be filed and mandated reporters within the 48 hours of an oral report and submitted to The County Department of Social Services (where the subjects for the report reside). This report will be completed by the reporter with the Director/Supervisors noted above.

**Step 4** The Early Intervention Official of the county where the child is located must be notified immediately after the suspected abuse is hotlines.

All employees working with and child between the ages of birth-21 years of age through Dynamic Therapeutic Services are mandated reporters of child abuse and maltreatment.

This policy will be reviewed annually with each employee working with children and will be signed and dates annually.

I \_\_\_\_\_ understand the policy for Mandatory reporting of any suspected child abuse or maltreatment. (Child Protective Services Act of 1973). I understand that if I willfully fail to report any suspected child abuse or maltreatment that I shall be guilty of a Class A Misdemeanor and/or shall be civilly liable for the damages proximately caused by such failure.

Signed:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director