**DCP&P REPORTING PROTOCOLS**

Division of Child Protection & Permanency

Child Abuse Hotline

**1-877-NJ ABUSE**

Office of Advocacy

**1-877-543- 7864**

For more information about programs and services visit: ***www.nj.gov/dcf***

Department of Children and Families Division of Child Protection and Permanency PO Box 717 Trenton, NJ 08625-0717 609-888-7000

**N.J.S.A. 9:6-8.10 requires a staff member to report such a belief to the Division of Youth and Family Service. *This requirement does not require any supervisory permission for the staff member to do so.***

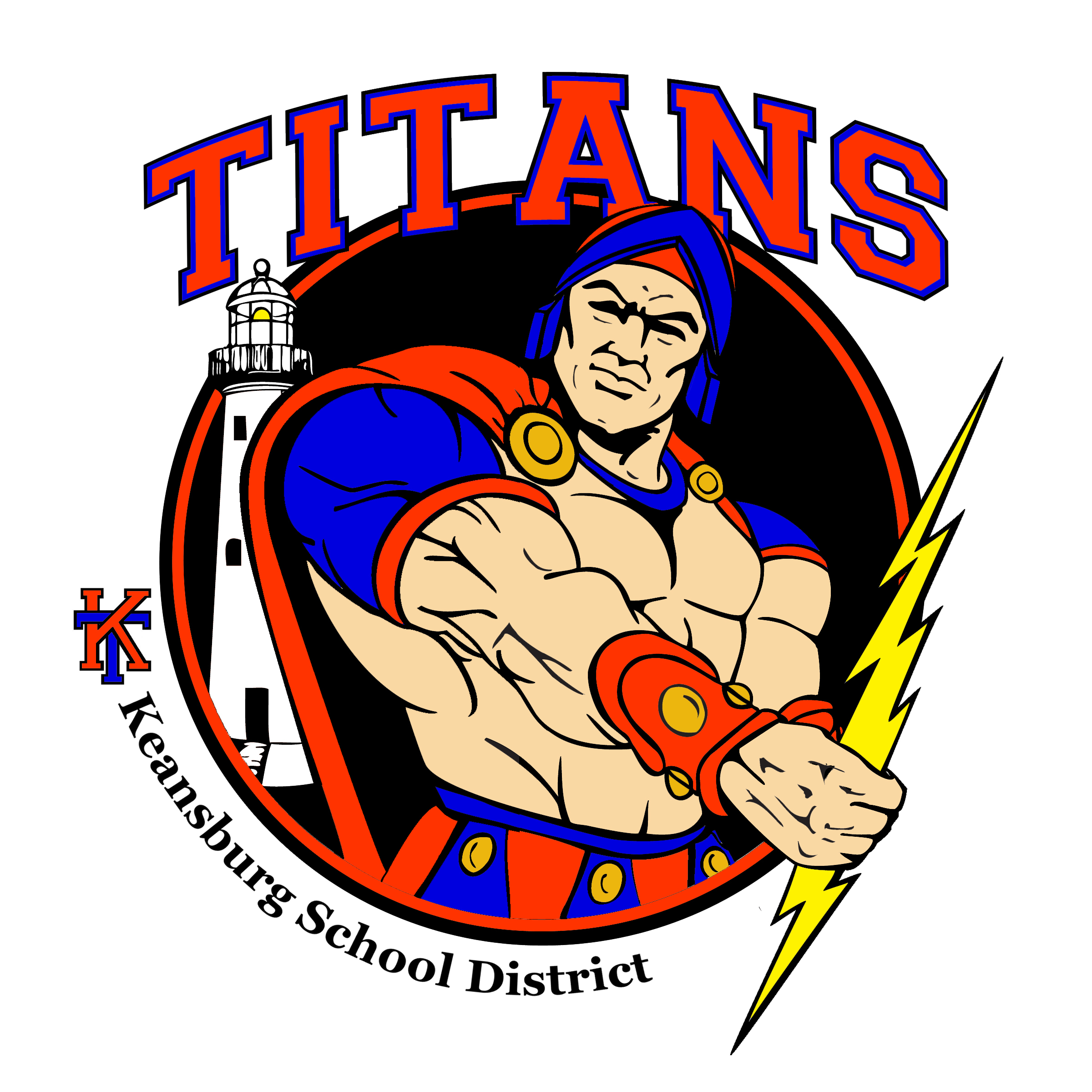
**It is important to:**

* Remain confidential and **not repeat** the information told to you by a child with anyone not involved in the reporting process.
* **Be timely** in making the call.
  + If a child reports something in the morning do not wait until the end of the day.
  + Never wait until the next day to make a call.
  + If necessary arrange for class coverage to ensure the call is made in a timely fashion.
* Feel free to wish to consult an administrator, guidance counselor, or CST staff member to assist with the phone call.

**Please follow the guidelines below:**

* If it is an allegation of PHYSICAL ABUSE, the nurse must see the child to add her assessment before the call is made.
* Call the DCP&P hotline number on the bottom of the form.  Make the report.  Please record the name of the person taking the call.
* Call Keansburg Police department (732-787-0600) and ask for a detective.  Explain that you are a staff member from the Keansburg School District making a DCP&P report.  Be prepared to answer any questions that they have; however, your name is confidential and not required to be shared with anyone.
* Type up the report using the Child Abuse Reporting Form.  Print out, but do not save, the form. Please see the attached updated form. The FAX number for KPD is *(732)* 787-5019.  All information should be typed not handwritten.  Use **actual** **names** of students wherever possible instead of he, she, or child.
* PRINT a confirmation fax – directions on fax machine.
* PHOTOCOPY two sets of papers and put in a sealed envelope for the Principal of your building and Dr. Latwis. The Principal must be notified that a DCP&P call was made.

***It is imperative that all of these steps are followed when completing a DCP&P report. If you have any questions, speak to your school guidance counselor, CST, or administrator.***

**Keansburg Public Schools**

100 Palmer Place

Keansburg, New Jersey 07734

(732) 787-2007

<http://www.keansburg.k12.nj.us>

**Child Abuse/ Neglect Reporting From 1-877-652-2873**

*Please send a completed form typed to Building Principal, Dr. Latwis, and call and fax*

*the Keansburg Police Department (732) 787-0600 and fax (732)* 787-5019

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | | |
| Student’s Name: |  | **Date of Birth:** |  |
| Address: |  | **School/ Grade:** |  |
| Parent/ Guardian’s Name: |  | **Home/ Cell #:** |  |
| Sibling: |  | **Age:** |  |
| Sibling: |  | **Age:** |  |
| Sibling: |  | **Age:** |  |
| Sibling: |  | **Age:** |  |
| Sibling: |  | **Age:** |  |
| Sibling: |  | **Age:** |  |

**Type of Abuse Being Reported:** Physical: Sexual: Neglect/ Emotional:

**Describe the situation being reported:** Please use clear names and specifically describe the nature of abuse or neglect reported. Include child and parents’ names, time of occurrence, and if it is a single or chronic problem. List any injuries seen or informed of and if there are any other witnesses or others who are aware of the abuses. Also, please list what your concerns are.

**Attach the Nurse’s Assessment if reporting physical abuse.**

**In your opinion, is this child at immediate risk for further abuse? Yes No**

**Date of Referral to DYFS: Time of Referral to DYFS:**

**Name of DYFS Intake Worker: Contact Number of Intake Worker:**

**Name of Reporting Administrator:**