



1000 West Fourth Avenue • Kennewick, Washington 99336-5601
 Phone: 509-222-5000 • Fax: 509-222-5050 • Website: www.ksd.org

Reporting of Child Abuse

Procedure:

1. School personnel shall make an oral report within **forty eight (48) hours** to the Department of Social and Health Services, Child Protective Services Division at 800-557-9671. However, if there is an emergency, in which *immediate response from CPS worker is needed* you can contact the local office at 509-585-3000.
2. KPD Police Non-Emergency 509-628-0333.
3. School personnel must complete this form **and** send: **original** to school/principal; **copy** to Richland DCFS 1661 Fowler Street; Richland, WA 99352; **copy** marked 'confidential' Elementary or Secondary to the K-12 Department.

Name of child _____ Birthdate _____ Grade _____ Gender: M F

Name of parent/guardian _____ Health, Disability or Behavioral issue? _____

Address _____

Home Phone _____ Work Phone _____

Siblings (Name/Birthdate/School) _____

County where abuse occurred if known: _____

Is the child in imminent danger: Yes or Unknown

Does the child know a report has been made: Yes or No

Police contacted? Yes or No

Name of officer: _____

Description of injury/cause of concern: (Be specific. Include nature of child's injuries, neglect, maltreatment, name of alleged abuser if known).



FRONT



BACK

Photos taken? Yes No

Evidence of previous injury? _____

Reported by: _____ Date: _____

School Name: _____ School Address: _____ Phone: _____

Date of verbal report: _____ Name of intake worker: _____

Name of law enforcement: _____ Next counseling session date: _____