

**ALBERT LEA AREA SCHOOLS DISTRICT #241**  
211 W Richway Dr. | Albert Lea, Minnesota 56007  
Phone (507) 379 – 4800 Fax (507) 379 – 4898

**Department of Human Services | Phone (507) 377-5400 | Fax (507) 377-5505**

**Confidential Report of Suspected Child Abuse/Neglect**  
**Reporter Information**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Relationship with the victim: \_\_\_\_\_

Date and Time you received the report: \_\_\_\_\_

Date and Time orally reported to DHS: \_\_\_\_\_

Name of the DHS person you reported to: \_\_\_\_\_

Date and Time report was faxed to DHS: \_\_\_\_\_

**Identifying Information**

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

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

Father/Guardian Name, Address, Phone: \_\_\_\_\_

Has Custody  Lives with  Has Legal Rights  Interpreter

Needed/Language \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Mother/Guardian Name, Address, Phone: \_\_\_\_\_

Has Custody  Lives with  Has Legal Rights  Interpreter

Needed/Language \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

Siblings Names/Ages: \_\_\_\_\_

Names/Relations of Others living in the home: \_\_\_\_\_

**Person believed to be responsible for the abuse or neglect of the child if known:**

Name: \_\_\_\_\_ Gender \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to victim: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

**Nature of Complaint:**

Who, What, Where, When, How, Time of Incident (please provide specific information – dates and location of incident when available). Attach additional page(s) if needed.

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**Description of Physical Injury if Applicable:**

Type, location, size, color, etc.

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*Copy of this report given to Principal (Date) \_\_\_\_\_ (Signature) \_\_\_\_\_*

# Mandated Reporting

Who is a Mandated Reporter? He/she is a professional or a professional's delegate engaged in the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, EDUCATION, law enforcement, and clergy.

You should report when you know or have reason to believe that a child is being neglected; physically or sexually abused; or has been abused or neglected within the preceding three years. (*Maltreatment of Minors Law 626.556, Subd.3*)

## Specific information that you should know when you make a report:

1. Name, age and address or minor believed to being abused.
2. When the abuse/neglect occurred (date, time, circumstances).
3. How often it has occurred.
4. If there are injuries (i.e. scrapes, bruises, etc.).
5. Name of the alleged offender (person committing the abuse).
6. Family information (parents, name, contact information, etc.)

## How to report the information:

\*If the child is in **imminent danger** and should not go home, immediately meet with a school social worker or building principal. If not available in your building consult another building.

- 1: Complete the Report of Suspected Child Abuse or Neglect Form  
(Forms can be found in the staff main office or social worker's office)
2. Verbally report the information to the Department of Human Services  
Call: 377-5400 and ask for the Child Protection Intake Worker  
You need to verbally/orally report within 24 hours of awareness.
3. Follow up your verbal report by faxing the completed form to the Department of Human Services  
Attention: Child Protection. The fax number is: 377-5505.  
You need to submit a written form within 72 hours of the verbal report.
4. A copy of the written report is given to Principal.
5. You should keep a hard copy of your report in a confidential file.

## What happens next?

The name of the reporter is confidential and may be disclosed by court order only. All reporters have immunity from civil or criminal liability when acting/reporting in good faith. Mandated reporters also have immunity from retaliation by their employers for making a report.

Once the Department of Human Services receives the report, they review and decide what action is necessary (according to the law). The report will be "screened in" or "screened out". If "screened in" – they will further investigate and determine a course of action. If "screened out" – no action is taken. (Minnesota Statute 626.556)

The person making the report is supposed to receive a written letter or email response from the Department of Human Services informing you of action taken on the report. This sometimes takes several weeks. You will only be informed if the incident is screened in or out. You will not be informed of investigation results or actions taken. This is due to confidentiality. The Principal should also receive a letter, so you do not need to give him/her a copy of yours. The letter will also remind you of your responsibility to be confidential regarding the information you provided.