

**PROCEDURE FOR REPORTING CHILD ABUSE
IN THE SAM HOUSTON AREA COUNCIL**

Reports of child abuse may come in many forms. They may be in the form of conversation, phone calls, or letters (either anonymous or with the person making the report identified).

The most important thing to remember is that all reports of child abuse involving Scouts or Scouters must be forwarded immediately to your District Executive or Mike Sheets, Director of Program: (Business) 713-756-3306 or (Cellular) 713-306-3234.

All allegations should be kept strictly confidential, with as few people involved and as little discussion about the matter as possible.

It's the Law: If you believe that a child has been physically or mentally abused or neglected, or that a child has died of abuse or neglect, you must report your suspicion to the Texas Department of Protective and Regulatory Services (PRS) or a law-enforcement agency.

You must make an **oral** report immediately to the nearest PRS Child Protective Services (CPS) office or to the 24-hour Child Abuse Hotline (1-800-252-5400 voice or TDD). All reports to CPS are given to local law-enforcement agencies.

Immunity: If you, without malice, make a report of suspected child abuse or neglect, you are immune from civil or criminal liability.

Confidentiality: Reports of child abuse and neglect are confidential. Information in the reports, including the name of the person who makes the report may be used only for the investigation of abuse or neglect.

Failure to Report: It is the law in Texas that suspected physical or mental abuse or neglect of a child must be reported. Failure to do so is a crime punishable by fine, imprisonment, or both.

The District Executive, Director of Program (Mike Sheets), and the person making a report of suspected abuse are required by law to report all suspected cases to the Texas Department of Protective and Regulatory Service (PRS) and/or a law-enforcement agency.

**24-HOUR EMERGENCY SERVICE
Child Abuse Hotline (Texas)
1-800-252-5400**

REPORT OF CHILD ABUSE OR NEGLECT

Name of Child	Date of Birth or Age of Child	Today's Date
Child's Home Address (Street, City, State, Zip)		

NAMES OF PARENTS OR PERSONS RESPONSIBLE FOR CHILD	RELATIONSHIP TO CHILD

Does the child have any brothers or sisters?..... Yes No Don't Know

When and where can the child be seen? (give dates and places): _____

Type of Child Abuse or Neglect <input type="checkbox"/> Burning <input type="checkbox"/> Beating <input type="checkbox"/> Fracture <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Malnutrition <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Physical Neglect <input type="checkbox"/> Medical Neglect <input type="checkbox"/> Lack of Supervision <input type="checkbox"/> Other (specify):
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Briefly describe the situation and/or condition of the child: _____

Has this report already been called in? Yes, to local Child Protective Services Yes, to Child Abuse Hotline No

If yes, date: _____ To whom? _____

PERSON MAKING THIS REPORT Anonymous reports are accepted, but DHS staff will be able to do a better investigation if they can contact you.

Name	Place of Employment	
Work Address (Street, City, State Zip)		Work Telephone
OR, I prefer to be contacted at home: }	Home Address (Street, City, State Zip)	Home Telephone