

**CARSON CITY SCHOOL DISTRICT
PROTOCOL IN SUSPECTED CASES OF CHILD ABUSE OR NEGLECT**

Appendix 4

**Washoe Tribe of Nevada and California Law & Order Code
Title 8 Tribal Child/Family Protection**

- A. Purpose (8-10-020)
To take such actions as may be necessary and feasible to prevent the abuse, neglect, or abandonment of children.

- B. Duty to Report Child Abuse and Neglect (8-70)
 - 1. Duty to Report (8-70-010)
Any person who believes a child was/is sexually, physically or emotionally abused and/or neglected reports to Washoe Department of Social Services and/or Washoe Tribal Police and/or to the Carson City Sheriff's Office. Department. Reports shall be made immediately within a maximum 24 hour time period.

- C. Abuse and Neglect Reports (8-70-050)
 - 1. Form of Report: Persons mandated to report shall promptly make an oral report to the Department of Social Services, and then follow with a written report as soon thereafter as possible.

 - 2. Contents of Written Report: The following information shall be included in the written report:
 - a. Names, addresses and tribal affiliation of the child and his parents, guardian or custodian;
 - b. Child's age;
 - c. Nature and content of the child's abuse or neglect;
 - d. Previous abuse or neglect of the child or his siblings, if known;
 - e. Name, age and address of the person alleged to be responsible for the child's abuse or neglect, if known; and
 - f. Name and address of the person or agency making the report.

 - 3. Photograph of Visible Trauma: Persons reporting suspected abuse or neglect may photograph or cause X-rays to be taken of the child suspected of abuse, and, upon proper foundation, such photographs or X-rays may be introduced into evidence at a hearing.



WASHOE TRIBE OF NEVADA AND CALIFORNIA
 DEPARTMENT OF SOCIAL SERVICES
SUSPECTED CHILD ABUSE AND/OR NEGLECT REPORT
 In accord with the Washoe Tribe Law and Order Code, Title 8, §8-70-050

Per Washoe Tribe Law and Order Code, Title 8, §8-70-050 “Abuse and Neglect Reports,” persons mandated under §8-70-020 listed in §8-70-020 “Persons Specifically Required to Report,” those shall promptly make an oral report to the Department of Social Services and then follow up with a written report as soon thereafter as possible.

VICTIM INFORMATION—TITLE §8-70-050(2)(a)		
Child’s Last Name: Click here to enter text.	First Name: Click here to enter text.	Middle Name: Click here to enter text.
Birth Date (if known) or Age: Click here to enter a date.	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	School Attending (if known) Click here to enter text.

PARENT/GUARDIAN/CUSTODIAN INFORMATION- Title §8-70-050(2)(a)		
Parent/Guardian/Custodian Last Name Click here to enter text.	First Click here to enter text.	Middle: Click here to enter text.
Street/Physical Address Click here to enter text.	Phone Click here to enter text.	
Tribal Affiliation: Click here to enter text.	On Reservation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian/Custodian Last Name Click here to enter text.	First Click here to enter text.	Middle: Click here to enter text.
Street/Physical Address Click here to enter text.	Phone Click here to enter text.	
Tribal Affiliation: Click here to enter text.	On Reservation? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Nature and Content of the child’s suspected abuse or neglect: Click here to enter text.
Previous Abuse/Neglect of Child or Siblings (if known): Click here to enter text.

Per Title 8, §8-70-050(2)(e), “Abuse and Neglect Reports,” information about the person alleged to be responsible for the child’s abuse or neglect, if known, is required on the written report.

SUSPECTED OFFENDER INFORMATION

Last Name: Click here to enter text.	First: Click here to enter text.	Middle: Click here to enter text.
Street Address: Click here to enter text.		Phone: Click here to enter text.
Age: Click here to enter text.	Gender	Tribal Affiliation? Click here to enter text.
		Relationship to Alleged Victim: Click here to enter text.

Other information important to the case:

REPORTING PARTY INFORMATION

Name of Person Reporting: Click here to enter text.

Title: Click here to enter text.	Agency Name: Click here to enter text.
Street Address: Click here to enter text.	Phone: Click here to enter text.

Is the person reporting a Washoe Tribe of Nevada and California Employee?

Yes

No

Received by Washoe Tribe Social Services: