9.5 SAMPLE MANDATORY REPORTING POLICY

(See MT TX FP Administrative Manual, Policy 2.10, *Mandatory Reporting*)

Policy: The family planning program mandatory reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest as well as human trafficking will follow state reporting requirements according to the *Montana Annotated Code 41–3–201*.

Procedure:

1. Family planning staff will receive routine training on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest as well as human trafficking. Training will be provided and documented to ensure all health care providers recognize the signs and symptoms of child abuse, child molestation, sexual abuse, rape or incest, as well as human trafficking.
2. The agency administrator will be made aware of any identified instances of child abuse, child molestation, sexual abuse, rape, or incest, as defined by Montana state law.
3. The health care provider will document the incident in the medical chart, and on the incident report which is kept separate from the chart in a confidential location.
4. The health care provider will complete a separate incident form for each incident and report the incident to DPHHS.

SAMPLE

Montana Family Planning Program
Mandatory Reporting Incident Form

Submit completed form to:_____

Instructions:

1. Final report form must be completed by Manager or Clinician; Involved staff should assist
2. Report incidents to DPHHS Centralized Intake's toll-free number **1-866-820-KIDS (1-866-820-5437)**
3. Managers should retain this form in the Mandatory Reporting Incident Binder

Please use the check boxes below to assist in completing this report.

Minor child:
☐ Person is under age 18

Person responsible for the child's welfare:
☐ Parent, guardian, foster parent or an adult who resides in the same home in which child resides; or
☐ A person providing care in a day-care facility; or
☐ An employee of a public or private residential institution, facility, home, or agency; or
☐ Any other person responsible for the child's welfare in a residential setting.

If boxes in both section one and two have been marked, continue with the remainder of this form and reporting process. If either section is left unmarked – this is NOT a mandatory reportable incident.

Clinic Location:	
Date:	
Time:	
Employee Name:	
Position:	

Client Name:	
Client#:	
Date of Birth:	
SS#:	

The controlling law is found at *Montana Annotated Code 41–3–201*, which states in its pertinent part:

> *"When professionals and officials listed in (2) know or have reasonable cause to suspect, as a result of information they receive in their professional or official capacity, that a child is abused or neglected they shall report the matter promptly to the department of public health and human services"*

SAMPLE

All health and mental health professionals are mandatory reporters.
The important clarification for these professionals is the definition of child abuse or neglect. This is defined in Montana Annotated Code 41–3–102 as harm or threatened harm to a child's health or welfare caused by a parent or **"other person responsible for the child's welfare."**

When calling DPHHS, please be prepared with the following information:

Date of occurrence:	
Time of occurrence:	
Describe concern:	
Where's the client located today?	
What school does client attend?	
Parent or caregiver name:	
Contact number:	
Work contact number:	
Address:	
Is client Native American? Yes ☐ No ☐	If so, what tribe?
Does client have disability or health concern? Yes ☐ No ☐	If yes, please describe:
Are there drug or alcohol concerns in the home? Yes ☐ No ☐	

Submitted by:	Date:
Clinic Manager:	Date:
Reviewed by:	Date:
Medical Director review:	Date:
Report made to DPHHS: Yes ☐ No ☐	Date:
DPHHS Report made to:	Date:

SAMPLE