

PROVIDENCE PUBLIC SCHOOL DISTRICT
REPORTING KNOWN OR SUSPECTED CHILD ABUSE AND/OR NEGLECT

As a staff /volunteer member of a Community Partner of the Providence Public School District (PPSD), you must be familiar with the RI General Law 40-11-3 and the protocols below for reporting known or suspected Child Abuse and/or Neglect. If you witness or become aware of sexual assault, physical abuse or neglect of a child, you are a mandatory reporter and must take the following actions:

Step One: All incidents reported to, or suspected by a PPSD staff member or a **staff /volunteer member** of School-Based Community Partner, **must be immediately relayed** to the Building Principal (*the term "Building Principal" shall also include any person designated by the Principal to be in charge of the school in his/her absence*). For incidents reported to or suspected by a PPSD staff member or a **staff /volunteer member** of a Community Partner who is not based in a school (e.g. activities that take place at the Community Partner site .), shall notify the Director of School Operations. If, for any reason, the building Principal or supervisor is unavailable, please notify the next person up the chain of command. You must have a conversation with a live person. **An email or voicemail alone will not suffice.**

Step Two: The Building Principal (for incidents reported to, or suspected by, a PPSD staff member or a **staff /volunteer member** of School-Based Community Partner) or Director of School Operations (for incidents reported to, or suspected by, a PPSD staff member or a **staff /volunteer member** of Community Partner who is not school-based) shall immediately notify the Department of Children, Youth and Families (DCYF) at 1(800) RI-CHILD, 1(800) 742-4453; please note this is a 24-hour number. Conversation(s) with the DCYF representative should be documented on the Witness Statement Form. The call to DCYF can be made with or without the staff member who transferred the information to the Principal or their designated agent. As a PPSD employee or a **staff /volunteer member** of Community Partner, you must provide your name and contact information and include the name, title and contact information of every employee who is known to have knowledge of the allegation – **no anonymous calls are permitted.**

Step Three: The Building Principal (for incidents reported to, or suspected by, a PPSD staff member or School-Based Community Partner) or Director of School Operations (for incidents reported to, or suspected by, a PPSD staff member or Community Partner who is not school-based) must then call the Providence Police Department at (401) 272-3121. Please be sure to document your conversation with the police on the witness statement form.

Step Four: The Building Principal (when a PPSD staff member is involved) immediately after DCYF and Police have been contacted, must contact their designated Human Resources Manager. If you are unable to make contact, please call Chief of Human Capital.

Step Five: Per the School Emergency Preparedness Plan, a Critical Incident Report (CIR) must be submitted for ALL instances of alleged abuse or assault and must include a checklist of the required notifications to DCYF, police, and all appropriate entities. Building Principals must provide their Zone executive Directors with this information. Director of School Operations must do the same for the Chief of Administration.

PLEASE BE SURE TO KEEP ACCURATE INFORMATION REGARDING:

- **WHO YOU SPOKE TO AT EACH OF THE AFOREMENTIONED AGENCIES AND/OR OFFICES.**
- **THE DATE AND TIME YOU SPOKE TO EACH PERSON.**
- **A DESCRIPTION OF WHAT WAS SAID.**
- **ANY GUIDANCE PROVIDED BY EACH OF THE RESPECTIVE INDIVIDUALS YOU CONTACTED.**

I certify that I have received and understand mandatory reporting protocols. I agree to comply with the mandatory reporting protocols and related policies and procedures applicable to my service and understand that compliance is expected as part of my continued partnership with the Providence Public School District. This acknowledgment is not an assurance of continued volunteering or association.

Printed Name of staff /volunteer:

Signature: _____

Date: _____

EXHIBIT B

Confidentiality Agreement

I, the undersigned, understand that during the course of my work, I may be given access to confidential, privileged, or proprietary PPSD student information in order to perform my responsibilities in a manner that meets PPSD's needs and enhances the delivery of service. By signing this document, I am agreeing to comply with all regulations and laws established to protect confidential information. I understand that accessing or releasing confidential information and/or records or causing this to occur outside the course of my assigned duties would constitute a violation of this agreement. I understand that proven violation of this agreement can result in termination of my access to information and may result in action being taken against me in my capacity as an employee or agent of the Data Receiver.

"Confidential Information" means any and all information of either party disclosed or otherwise made available to or learned by the parties under this Agreement, which is designated as "confidential" or "proprietary" or which, under all of the circumstances, ought reasonably to be treated as confidential, and includes, but is not limited to, Student Data and all PPSD student records and personnel records.

I agree to:

- Maintain confidential information and not reveal it to clients, colleagues, or others with whom I interact without procuring the necessary releases or authorizations.
- Utilize information disclosed to me solely for the purpose of completing the scope of work set forth in the Memorandum of Understanding.
- The information, including any material support containing information, will remain the exclusive property of the PPSD. The Data Receiver will not acquire any right, title, license, or interest on or to the information.

The Data Receiver: _____

Print Name: _____ Date: _____

Title: Volunteer

Organization/
Agency: Brown University

Signature: _____

Copy must be kept on file at organization/agency and original sent to PPSD.