Oklahoma State law (10 O.S. Sec 7103 et seq.) requires every person, private citizen or professional, who has reason to believe that a child under the age of 18 is being abused and/or neglected, or is in danger of being abused, to promptly report the suspicion to the statewide hotline (1-800-522-3511). As employees of the State of Oklahoma, ALL SoonerStart staff (both Oklahoma State Department of Health and Oklahoma State Department of Education) must follow the reporting procedures outlined in this document.

The definition of “promptly” may vary from incident to incident depending on the severity of the abuse and/or neglect and the age or vulnerability of the child. However, all reports must be made less than 24 clock hours from the time the employee had reason to believe that the child was a victim of abuse or neglect.

If an employee has reason to believe that a child is in immediate physical danger, the employee must contact local law enforcement in addition to making a report to the OKDHS Child Abuse Reporting Hotline.

Following the verbal report to the OKDHS Child Abuse Reporting Hotline, the employee should immediately complete the “Child Abuse Reporting Form,” (ODH Form 333F) including as much information as possible. The documented information should objectively and accurately reflect the nature of the abuse and/or neglect without overstating or minimizing the incident(s).

The original completed “Child Abuse Reporting Form,” (ODH Form 333F) should immediately be mailed to the OKDHS office where the child resides or where the injury occurred—whichever office seems most reasonable. The “One Week Follow-Up” Section of the “Child Abuse Reporting Form,” (Form 333F) will be left incomplete. One copy of the completed “Child Abuse Reporting Form,” (ODH Form 333F) should then be filed in the administrative section of the client child’s medical record. A progress note should be made stating only “ODH Form 333F completed.” The progress note is to be filed in the client child’s medical record in the relevant clinical service section.

If the child is not a health department client, a medical record should be opened for that child and the “Child Abuse Reporting Form,” (ODH Form 333F) should be filed in the administrative section of that medical record. A progress note should be made stating only “ODH Form 333F completed.” The progress note is to be filed in the medical record in a clinical service section. A separate file should be established in each county health department to contain “Child Abuse Reporting Forms,” (ODH Form 333F) related to child abuse reports made on behalf of children whose names are not known. For the Oklahoma County and Tulsa County sites, a Health Department administrative file should be created and maintained per Health Department policies for confidential records.

Approximately one week after the report was made; the “One Week Follow-Up” section of the “Child Abuse Reporting Form,” (ODH Form 333F) should be completed. The form should be returned to its appropriate place in the child client’s medical record.
Oklahoma State Department of Health employees should send a copy of the completed form to:
The Oklahoma State Department of Health
The Family Support & Prevention Service
1000 Northeast Tenth Street, 7th Floor
Oklahoma City, Oklahoma 73117-1299

Oklahoma State Department of Education employees should send a copy of the completed form to:
Mark Sharp, Executive Director – SoonerStart
Oklahoma State Department of Education
2500 N. Lincoln Blvd.
Oklahoma City, OK 73105

Please state “CONFIDENTIAL” on the outside of the envelope.

Failure to report suspected abuse is a crime – legally and morally. No person, regardless of his or her relationship with the child or family, is exempt from reporting suspected abuse. A person reporting in good faith; however, is immune from both civil and criminal prosecution.

As the SoonerStart staff that suspects the abuse or neglect, you are legally responsible for making certain that the report is made to the designated agency(s). Merely reporting your suspicion to your supervisor or another SoonerStart staff does not satisfy this legal responsibility. Inform your supervisor of your concerns and report them to the OKDHS Statewide Child Abuse Reporting Hotline. The absence or unavailability of your supervisor should not delay your reporting. Oklahoma State Department of Health (OSDH) employees and Oklahoma State Department of Education (OSDE) employees must complete ODH Form 333F Suspected Child Abuse and Neglect Reporting Form. This reporting form has been made available to all SoonerStart sites. Please refer to ODH Form 333F and instructions for completing which include procedures for routing and filing. The child abuse report is not education related; therefore, it will not be retained in the child’s SoonerStart Early Intervention record.

If a SoonerStart employee receives second-hand information from someone outside of SoonerStart that a child is being abused or neglected, the situation must be addressed. It is preferable that the person with the direct knowledge of the abuse or neglect make the report to OKDHS. You may need to assist the person through the process or reporting. The report to OKDHS must be made in the presence of a SoonerStart employee to assure that the report is actually made. However, if the person who has direct knowledge refuses to report, a report of suspected child abuse or neglect must be made by SoonerStart as previously outlined.

A report of suspected abuse or neglect is a request for an investigation to gather facts and protect the child from further harm. You do not need to prove the abuse or neglect prior to reporting. Investigation and validation of child abuse and/or neglect reports are the responsibility of OKDHS. If additional incidents of abuse or neglect occur or are suspected after the initial report has been made, another referral to OKDHS with the additional concerns and information should be made.
The fact that SoonerStart is a voluntary program has no relation to the state mandate that suspected child abuse or neglect must be reported to OKDHS. Often SoonerStart has a strong established relationship with the family and staff members are uncomfortable reporting their suspicions. They may think that they can work with the family without involving OKDHS or law enforcement. While reporting does not guarantee the family situation will improve, not reporting guarantees that if the abuse and/or neglect exists, the child will continue to be at risk of further harm, and perhaps more serious harm.

Statutory Definitions:

Abuse
“Abuse” means harm or threatened harm or failure to protect from harm or threatened harm to the health, safety, or welfare of a child by a person responsible for the child’s health, safety or welfare, including but not limited to non-accidental physical or mental injury, sexual abuse, or sexual exploitation. Provided, however, that nothing contained in this act shall prohibit any parent from using ordinary force as a means of discipline including, but not limited to, spanking, switching, or paddling.

“Harm or threatened harm to the health or safety of a child” means any real or threatened physical, mental or emotional injury or damage to the body or mind that is not accidental including but not limited to sexual abuse, sexual exploitation, neglect or dependency.

“Sexual abuse” includes but is not limited to rape, incest, and lewd or indecent acts or proposals to a child, as defined by law, by a person responsible for the health, safety, or welfare of a child.

“Sexual exploitation” includes but is not limited to allowing, permitting, or encouraging a child to engage in prostitution, as defined by law, by a person responsible for the health, safety, or welfare of a child, or allowing, permitted, encouraging, or engaging in the lewd, obscene, or pornographic, as defined by law, photographing, filming, or depicting of a child in those acts by a person responsible for the health, safety, and welfare of the child.

Neglect
“Neglect” means:
1. The failure to provide any of the following:
   a. Adequate nurturance and affection, food, clothing, shelter, sanitation, hygiene, or appropriate education,
   b. Medical, dental, or behavioral health care,
   c. Supervision or appropriate caretakers, or
   d. Special care made necessary by the physical or mental condition of the child
2. The failure to protect a child from exposure to any of the following:
   a. The use, possession, sale, or manufacture of illegal drugs,
   b. Illegal activities, or
   c. Sexual acts or materials that are not age-appropriate, or
3. Abandonment.