MANDATED REPORTING CASES OF CHILD ABUSE/NEGLECT

The report of child abuse/neglect should be made as soon as the school personnel becomes aware of the abuse or neglect. The initial report of abuse or neglect may be made orally, but the oral report shall be followed by a written report made within five days to the local child protection agency or, if necessary to the local law enforcement agency (CPSB Policy JO-R – Student Records – Child Abuse/Neglect)

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Address</th>
<th>Age &amp; Date of Birth</th>
<th>Gender</th>
<th>Race</th>
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Nature, extent, and cause of the child’s injuries or endangered condition, including any previous known or suspected abuse to this child or the child’s siblings.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

What is the current circumstance/condition of the child? When the child leaves school will he/she be in danger of injury or harm?

__________________________________________________________________________________________________
__________________________________________________________________________________________________

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<th>Name of Parent/Guardians</th>
<th>Address</th>
<th>Phone Numbers</th>
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Names of other Children and Other Members in the Household

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<tr>
<th>Name</th>
<th>Age/Date of Birth</th>
<th>School (if family member is in school)</th>
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Reporter’s Name, Position, School:

Reporter’s Address:

Reporter’s Phone # to Contact:

Account of how and when (date/time) this child came to the reporter’s attention:
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Any explanation of the cause of the child’s injury or condition offered by the child, the caretaker, or any other person:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Any other information which the reporter believes might be important or relevant:

__________________________________________________________________________________________________
__________________________________________________________________________________________________

The name(s) of the person or persons who are thought to have caused or contributed to the child’s condition, if known, and the report shall contain the name of such person if he is named by the child. Include the relationship to the child:

__________________________________________________________________________________________________

Name/Title of the CPS Intake Worker to whom the oral report was made:

Date/Time of oral report to CPS: ____________________________ Case # ____________________________

Request a Response Disposition Letter from CPS (Response Letter is requested during the oral report)

Date of Written Report to CPS: ____________________________

Completed Form can be FAXED to Office of Community Services (FAX # 318-676-7307)

Mailing address: DCFS Caddo Parish Welfare; 1525 Fairfield Ave. Rm. 424 Box 31; Shreveport, LA 71101

Name/Title/Badge # of the Law Enforcement Officer to whom the report was made: ____________________________

Date/Time of report to School Resource/School Liaison Officer or other Law Enforcement Officer: ____________________________

Police Report #: ____________________________________________

Date/Time Report sent (email or fax) to School Counseling Specialist who will also inform CPSB Security: ____________________________

Notes: ____________________________________________________________________________________________

Reminders:

_____ It is your individual responsibility as a mandatory reporter (ALL school personnel) to ENSURE that a child neglect/abuse report is made. Telling a supervisor or anyone else does not fulfill your legal obligation. A supervisor does not have the authority to decide whether a mandated reporter makes a report. Never assume that a report has been made by other professionals or adult. When a mandated reporter becomes aware of a situation, he/she becomes responsible.

_____ Is the child 18 y/o or older and receiving SPED services? Contact Adult Protective Services. If 18 and not SPED, contact law enforcement.

_____ Is this a report of sexual abuse?

_____ Are there visible signs or marks of physical abuse or neglect?

_____ Coordinate with your Principal so that he/she is aware

_____ Report to School Resource/School Liaison Officer or other Law Enforcement Officer

_____ Does your school office have a Signature Form for Child Protection Worker or Law Officer if child is examined or interviewed?

_____ Have you previously reported abuse/neglect regarding this child or any of his siblings? Yes/No If yes, have that information in hand when giving your oral report and inform them you have made a previous report(s).

_____ If the child has siblings, have you contacted the other school counselors? Your mandated reporting cannot wait on the responses from the other school counselors.

Resource Numbers

Hotline for Reporting Child Abuse or Neglect: (24 hours a day/365 days a year) 1-855-452-5437

Hotline for Reporting to Adult Protective Services 1-800-898-4910

Office of Community Services local FAX # for written report following oral report (318) 676-7307

Office of Community Services (Caddo Parish local office) (318) 676-7323

Shreveport Police Department (318) 673-7300

Caddo Parish Sheriff’s Office (318) 675-2170

Shreveport Police Department - Sex Crimes (318) 673-7026 (318) 673-6955

Shreveport Police Department – Juvenile Dept.; Det. Diana Coleman (318) 673-7020; (318) 673-7023

Caddo Parish Sheriff’s Detective (318) 681-0700

Kimberly Brook, CPSB Security Investigator (318) 603-6487, (318) 465-9845

Melinda Kay, School Counseling Specialist (mkay@caddoschools.org) FAX (318) 603-6516, (318) 455-4049 wk cell

Community Liaison Officer for my school (Name ______________________)

DARE officer for my school (Name ______________________)